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	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR ~~WELL~~ - (GAS) ALLOWABLE

(Multiple Completed)

HOBBS OFFICE
FEB 13 8 43 AM '64
New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico

February 4, 1964

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Pan American Petroleum Corporation South Mattix Unit, Well No. **16**, in **SW** **SE**
(Company or Operator) (Lease)
Q, Sec. **15**, T. **24S**, R. **37E**, NMPM, Fowler Paddock (Gas) Pool

Unit Letter

Lea

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O*	P

660' FSL X 1648.43' FEL

(FOOTAGE)

Tubing, Casing and Cementing Record

Size	Feet	Sax
9-5/8"	1014	Circ
7"	6150	500
2" OD	4758	

County. Date Spudded **9-4-63** Date Drilling Completed **10-9-63**
Elevation **3258' RDB** Total Depth **6150'** PBTD **6101'**

Top Gas Pay **4833'** Name of Prod. Form. **Paddock (Upper)**

PRODUCING INTERVAL -

Perforations **4833'-4880' Various Intervals w/2 SPT**

Open Hole Depth **6150'** Depth **4758'**
Casing Shoe Tubing

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Size _____ Choke

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid ~~Fracture~~ Treatment: **914** MCF/Day; Hours flowed **24**

Choke Size **12/64** Method of Testing: **Orifice Meter**

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): **2500 Gallons Acid**

Casing **Per** Tubing **950** Date first new
Press. Press. oil run to tanks

Oil Transporter

Gas Transporter **El Paso Natural Gas Co.**

Remarks:

~~(This well located on same production Unit as well No. 10 which is a Marginal well.)~~

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved **MAY 2 1964**, 19

Pan American Petroleum Corporation

Original Signed By (Company or Operator)

V. E. STALEY

By: (Signature)

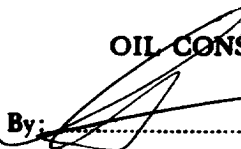
Title **Area Superintendent**

Send Communications regarding well to:

V. E. Staley

Address **Box 68 - Hobbs, New Mexico**

OIL CONSERVATION COMMISSION

By: 

Title **Engineer District II**

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