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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
 REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

JUL 25 8 10 AM '68

Oil-CATO STORAGE SYSTEM-I  
 (OTB-162)

**I. OPERATOR**

Operator: PAN AMERICAN PETROLEUM CORPORATION  
 Address: Box 68, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box):  
 New Well  Recompletion  Change in Ownership

Other (Please explain): Gas formerly vented.

Change in Transporter of:  
 Oil  Dry Gas   
 Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name: QUEEN Well No.: 1 Pool Name, including Formation: CATO San Andres - Oil Kind of Lease: Fee Lease No.: \_\_\_\_\_

Location: Unit Letter C; 660 Feet From The NORTH Line and 1980 Feet From The WEST Line of Section 10 Township 8 - S Range 30 - E, NMPM, CHAVES County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil  or Condensate   
 MOBIL Pipe Line Corp. Address (Give address to which approved copy of this form is to be sent): Box 900, Dallas, Texas

Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
 CITIES SERVICE OIL CO. Address (Give address to which approved copy of this form is to be sent): Bartlesville, Oklahoma

If well produces oil or liquids, give location of tanks. Unit L Sec. 11 Twp. 8 Rge. 30 Is gas actually connected? Yes When 7-25-68

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations	Depth Casing Shoe							

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

0 & 4 NMOC-H  
 1-NSW  
 1-OSP  
 1-Susp

*(Signature)*  
 Area Superintendent

June 1968  
*(Date)*

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY Leslie V. Clements

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowable on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
 Separate Forms C-104 must be filed for each pool in multiply completed wells.