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LAND OFFICE
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OPERATOR
PROBATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND **AUG 4 3 27 PM '67**
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

CATO STORAGE SYSTEM IV

I. OPERATOR

Operator **PAN AMERICAN PETROLEUM CORPORATION**

Address **BOX 68, HOES, N. M. 88240**

Reason(s) for filing (Check proper box) New Well Recombination Change in Ownership Change in Transporter of Oil Formerly-Scurlock Oil Co. (Trucks) Dry Gas Gas Effective **AUG 67**

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name **CROSBY "F"** Well No. **1** Well Name, Including Direction **CATO San Andres** Kind of Lease **FREE** Lease No. _____

Location **I 1980** Feet From The **SOUTH** Line and **660'** Feet From The **EAST**

Line of Section **17** Township **8-S** Range **30-E** NEQM. **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 Address (Give address to which approved copy of this form is to be sent) _____

If well produces oil or liquids, give location of tanks.	Unit G	Sec. 17	Twp. 8	Rge. 30	Is gas actually connected?	When
					No	

If this production is commingled with that from any other lease or pool, give commingling order number: **CTB-169**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rea'v.	Diff. Rea'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 (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. 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.

043-NMOC-14
1-NSM
1-WEF
1-SUSP

(Signature) _____
 AREA SUPERINTENDENT

(Date) **AUG 4 1967**

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY **J. D. [Signature]**

TITLE _____

This form is to be filed in compliance with RULE 1194.
 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.