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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL-CATO STORAGE SYSTEM I  
(CTE-162)

JUL 28 8 09 AM '68

Operator PAN AMERICAN PETROLEUM CORPORATION	NAME CHANGED: FROM: PAN AMERICAN PETR. CORP. TO: AMCOO PRODUCTION CO. EFFECTIVE: 2-1-71
Address Box 68, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Gas formerly vented.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	

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

Lease Name <b>BASKETT</b>	Well No. <b>1</b>	Pool Name, including Formation CATO San Andres - Oil	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter <b>L</b>	<b>1980</b>	Feet From The <b>SOUTH</b> Line and <b>660</b>	Feet From The <b>WEST</b>	
Line of Section <b>11</b>	Township <b>8 - S</b>	Range <b>30 - E</b>	NMPM, <b>CHAVES</b>	County

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>							Address (Give address to which approved copy of this form is to be sent)	
MOBIL Pipe Line Corp.							Box 900, Dallas, Texas	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>							Address (Give address to which approved copy of this form is to be sent)	
CITIES SERVICE OIL CO.							Bartlesville, Oklahoma	
If well produces oil or liquids, give location of tanks.	Unit <b>L</b>	Sec. <b>11</b>	Twp. <b>8</b>	Rge. <b>30</b>	Is gas actually connected?	When		
					Yes	<b>7-25-68</b>		

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

Designate Type of Completion - (X)									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	

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			

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

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.

& 4 MCOO-H  
1-NSW  
1-OPP  
1-Susp

(Signature)  
Area Superintendent

(Title)  
June 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY Leslie A. 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.