| • | . <u> </u> | ·. | | | |
|---|---------------------------------------|---|---|---|--|
| NO. OF COPIES RECEIVED | | | | | |
| SANTA FE | NEW MEXICO OU | | | SSION | Form C-104 |
| FILE | REQUE | | | | Supersedes Old C-103 and C-, Effective 1-1-65 |
| U.S.G.S. AUTHORIZATION | | | TRANSPORT ON 2570 N | ATURAL GAS | |
| TRANSPORTER OIL | | | | | |
| GAS | | | į | A-70- | SST |
| PRORATION OFFICE | | | (| | |
| Operator PAN AMERICAN F | ETROLEUM CORPOR | | | | |
| Address BOX 68, HOBBS, | | | | | |
| Reason(s) for filing (Check pr | | | · · · · · · · · · · · · · · · · · · · | | |
| New Well | | Transporter of: | Other (Please) | | Company(Trucks) |
| Recompletion Change in Ownership | 011 | | Gas Effectiv | veAUG | 67 |
| | Casingheo | ad Gas Co | ndensate | | |
| If change of ownership give and address of previous own | name er | | | | |
| . DESCRIPTION OF WELL | AND LEASE | | | ······································ | |
| Leane Name | Well No. | Pool Name, Includin | | (ind of Lease | Lease No. |
| BASKET | | CATO San And | res | itate, Føderal or Fee | Fee |
| Unit Letter; | 1980 Feet From | The SOUTH | Line and660 ' | Feet From The | WEST |
| Line of Section | | | | | <u>//</u> |
| Lind of Section | Township 8-S | Range | <u>30-E</u> , <u>NMPM</u> , | CHAVES | County |
| DESIGNATION OF TRAN | SPORTER OF OIL | AND NATURAL | GAS | | |
| HUBIL Pipe Line (| Corp. | ndensate 🔲 | Address (Give address to Box 900, Dallas | which approved copy | of this form is to be sent) |
| liame of Authorized Transporte | r of Casinghead Gas 🗍 | or Dry Gas | Address (Give address to | which approved copy | of this form is to be sent) |
| it well produces oil or liquids, | Unit Sec. | Twp. Ege. | Is gas actually connected? | · | |
| . ve location of tanks. | L 11 | 8 30 | No | When | |
| 1: this production is comming OMPLETION DATA | led with that from any | other lease or poc | I, give commingling order n | umber: CTB | - 162 |
| | 01 | Well Gas Well | New Well Workover | Deepen Plug B | |
| Designate Type of Con | | | | | |
| | Date Compl. Re | ady to Prod. | . Total Depth | P.B.T. | D. |
| votions (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | Top Oll/Gas Pay | Tubing | Depth |
| ectorations | | | | Depth | Casing Shoe |
| | | | | | • |
| HOLE SIZE CASING & TUBING SIZE | | ND CEMENTING RECORD | · | SACKS OF MENT | |
| | | | | | SACKS CEMENT |
| | ······ | | | | |
| | | | | | |
| TEST DATA AND REQUE OIL WELL | ST FOR ALLOWAR | | after recovery of total volume (depth or be for full 24 hours) | of load oil and must | be equal to or exceed top allow- |
| Date First New Oil Run To Tan | a Date (1), cut | | Producing Method (Flow, pt | imp, gas lift, etc.) | |
| Longth of Test | | | Casing Product | | |
| | | | Choke S | | |
| Actual Prod. During Test Olive bills. | | Water-Bb.J. | Gas - MC | | |
| | ····· | | | | |
| GAS WELL Actual Prod. Test-MCF/D | | | | | |
| Actual Prod. 1881-MCF/D | Lungth of Test | | Bbls. Condensate/MMCF | Gravity | of Condensate |
| Testing Metho nitot, back pr.y | Tubing Pressure | (Jut-in) | Casing Pressure (Shub-it. |) Choke S | ize |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| CERTIFICATE OF COMPI | NCE | | OIL CON | SERVATION C | OMMISSION |
| hereby certify that the rules | and regulations of the | Oil Conservation | APPROVED | | , 19 |
| Commission have been compl boye is true and complete t | o the best of my kno | e information given wledge and belief. | BY PRIX | Man | rent |
| , | | | ТІТУЕ | | |
| | \ · | | This form is to be | filed in compliance | |
| 0 00001 | | | | med in complianc | |
| I-NSW | | | If this is a request | for allowable for a | newly drilled or despended |
| 5-10.1000-4 1-1000 F 1-1000 F 1-5000 P | (Signature) AREA SU | | If this is a request well, this form must be tests taken on the well | accompanied by a in accordance wit | tabulation of the deviation . In RULE 111. |
| 1. NSW 1. WEF | AREA SUI | PERINTENDENT | If this is a request well, this form must be tests taken on the well | accompanied by a in accordance with form must be fille | tabulation of the deviation |
| 1- WE F 1- SUSP | AREA SUI | | If this is a request well, this form must be tests taken on the well All sections of this able on new and recomp Fill out only Secti | accompanied by a in accordance wit form must be fille pleted wells. ons I. II. III. and | tabulation of the deviation |