٠		- P.	~~~		
- 1	NO. OF COPIES RECEIVED				
	DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104	
	S/ ITA FE		■ 1.	Supersedes Old C-104 and C-110	
	FILE	AND Sep 7 % 69 PH 165			
	U.S.G.S.				
	LAND OFFICE	AUTHORIZATION TO TRA	HISPORT OIL AND HATORAL	GAS	
			•	, \	
	TRANSPORTER OIL		urverys. Back de	·/. \	
	GAS	(d)erration &	urverys. Pouce on	ac j	
	OPERATOR		0		
ı.	PRORATION OFFICE				
	Operator		7		
	PAN AMERICAN PETROLEUM CO	RPORATION			
	Address	In	•		
	20468. Hobbs	n m			
	Reason(s) for filing (Check proper box)		Other (Please explain)	T-2000001	
	New Well	Change in Transporter of:	_ KEQUEST	TEMPORARY	
	Recompletion	Oli 🛣 Dry Gai	• 📙 🗀	Co	
	Change in Ownership	Casinghead Gas Conden	sate 🔲 HUTHORITY /	OCOMMINGLE -	
	If change of ownership give name and address of previous owner			·	
	and address of previous owner		1 0 0 100	24	
11	DESCRIPTION OF WELL AND I	LEASE	Cato-San Andre	.	
	Lease Marie	Well No. Pool Name, Including Fo	ormation R-3134 Kind of Lea	Lease No.	
	()UEEN	I I I CHTO GAN FA	(DRES) / :) State, Fede	eral or Fee FEE	
	Location		- 		
	C 66	O Feet From The NORTH Line	and 1980 Feet From	n The WEST	
	Unit Letter;OO	restrict the TOOKIN Line	- Feet From		
	Line of Service In	nship 8-5 Range	30-E, NMPM, CHA	County	
	Line of Section Township 5-5 Range OC-C , NMPM, CHAUES County				
311	DESIGNATION OF TRANSPORT	FR OF OIL AND NATURAL GA	s		
111.	Name of Authorized Transporter of Oil		Address (Give address to which app	roved copy of this form is to be sent)	
	Sauriacy Du Ca		1129 Min America Ri	N MINIOUN TOURS	
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which app	roved copy of this form is to be sent)	
	, raine of rainorized Transporter of C-1	,			
		Unit Sec. Twp. P.ge.	Is gas actually connected?	Vhen .	
	If well produces oil or liquids,	1 1/1 0 30	0	· · ·	
	give location of tanks.	A 10 0 00	/ 40		
	If this production is commingled with	h that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio		liew well workover Deepen	Find Dack Committee to	
			7.15	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	3 3 G C	
	D-(0.00	8-28-66	3420	3090	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	4014 KD	JANTWORES	3263		
	Perforations	1 220 - 10 - 11 1 -	7, 41/200 =	Depth Casing Shoe	
	<i>3263</i> -65, 7 <i>3-</i> 86, 89-9-	4, 3329-49, 51-61, 68		1 540	
		T	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	16/4.	898	452	300	
	7.78.	4 1/2 "	34201	<u> </u>	
	:	2 3/8 "	3384'		
			<u> </u>		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allo				
OIL WELL able for this depth or be for full 24 hours)				7/6	
	Date First New Oil Run To Tanks	Date of Test		abje, WCC./	
	9-89-66	9-3-66	Swar	Chaha Sta	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	12 hr			0	
	Actual Prod. During Test	Oil-Bbis.	Water-Bble.	Gas-MCF FOR S40	
	135	63BLO X 72 BNO	0	19 (925/	
			•	▼	
	GAS WELL	· · · · · · · · · · · · · · · · · · ·			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
				0,,,,	
- 1	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION		
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED 19		
	Commission have been complied with and that the information given		Wall the		
	above is true and complete to the	best of my knowledge and belief.	BY (Many)		
~	7		TUTLE		
0	13. almocc-H S				
	1-505P			n compliance with RULE 1104.	
	1-08P		If this is a request for all	owable for a newly drilled or deepened	
٠	1-0300 (Signature) well, t		tests taken on the well in acc	ell, this form must be accompanied by a tabulation of the deviation sets taken on the well in accordance with RULE 111.	
	All sections of this form must be filled out completely		must be filled out completely for allow-		
	Tit	le)	able on new and recompleted	wells.	
	hioLAND 9-	1-66	Fill out only Sections I.	II, III, and VI for changes of owner,	
	(Da	te)	well name or number, or transp	orten or other such change of condition.	

Separate Forms C-104 must be filed for each pool in multiply completed wells.

TO: MMOCC HOBBS, N.M.

REQUEST APPROVAL TO TENIPORARILY

COMMINGLE OIL PRODUCTION FROM THE QUEEN No.1.

(C-10-8.30) WITH OIL PRODUCTION FROM THE

COMMINGLED BASKETT IN BASKETT B LPASES,

CATO, SAN ANDRES OIL POOL PENDING APPROVAN

OF FORMAL APPLICATION BEING SUBMITTED.

(COMMINGLED BATTERY, CATO STORAGE SYSTEM I,

LOCATED IN L-11-8-30)

AREA SUPERINTENDENT

n american playor un cop

DEVIATION &	DURUEYS DEGREES
DEPTH	OFF
452	1/2
1408	1/4
1866	3/4 1 // +
2080 2558	(/4
2835	3/4
3091	
326n	12

The atove are true to the best of my knowledge

AREA SUPT.

Sworn to this date, the 6th day of September, 1966.

notary Levlic du l'or Lea Co. 757 My Commission expires 6-18-68

SOMETOR