

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

(DEVIATIONS- BACK SIDE)

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator  
**PAN AMERICAN PETROLEUM CORPORATION**

Address  
**Box 68, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name  
**BASKETT D**

Well No.  
**2**

Pool Name, Including Formation  
**Cato-San Andres**

Kind of Lease  
**Fee**

State, Federal or Fee  
**Fee**

Location  
Unit Letter **A** ; **660** Feet From The **NORTH** Line and **660** Feet From The **EAST** Line of Section **11** 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 ☐  
**LOURLOCK OIL COMPANY**

Address (Give address to which approved copy of this form is to be sent)  
**428 MID AMERICA BLDG, MIDLAND, 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
<b>2</b>	<b>11</b>	<b>8</b>	<b>30</b>	<b>No</b>	

If this production is commingled with that from any other lease or pool, give commingling order number: **CTB-162**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded <b>9-28-66</b>	Date Compl. Ready to Prod. <b>10-11-66</b>	Total Depth <b>3576'</b>	P.B.T.D. <b>—</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>4181 RDB</b>	Name of Producing Formation <b>San Andres</b>	Top Oil/Gas Pay <b>3478'</b>	Tubing Depth					
Perforations <b>3478-82, 49-18, 3544-68, 73-76 w/2550F</b>			Depth Casing Shoe <b>3576</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/4"</b>	<b>8 5/8"</b>		<b>454</b>		<b>300</b>			
<b>7 7/8"</b>	<b>4 1/2"</b>		<b>3576</b>		<b>800</b>			

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 <b>10-11-66</b>	Date of Test <b>10-22-66</b>	Producing Method (Flow, pump, gas lift, etc.) <b>PUMP</b>	
Length of Test <b>24</b>	Tubing Pressure <b>—</b>	Casing Pressure <b>—</b>	Choke Size <b>—</b>
Actual Prod. During Test <b>217</b>	Oil-Bbls. <b>212</b>	Water-Bbls. <b>5</b>	Gas-MCF <b>108</b> (cgr. 26° GOR 510)

GAS WELL

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

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.

04 3-NMOCC  
1-CV Bayes  
1-MSW  
1-Svzp  
1-RR4

(Signature)  
**Area Supt**  
(Title)  
**10/25/66**  
(Date)

OIL CONSERVATION COMMISSION

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

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 multiple

(DEVIATIONS)

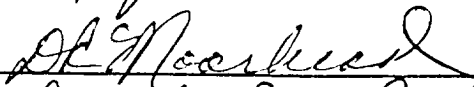
DEPTH	DEGREES OFF
454	1/4
943	3/4
1877	1 1/2
2212	1 1/4
2522	1 3/4
2805	"
2995	3/4
3242	1 -
3421	1 -
3529	1 1/2

The above are true to the best of my knowledge.

  
Crea Supt

10-25-66

Sworn to this date, the 25<sup>th</sup> day of October, 1966.

  
Notary Public In & For Lea Co. N.M.  
My Commission expires 6-18-68

