

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
(Deviation Surveys - Back Side)

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I. Operator
PAN AMERICAN Pet. Corp.
Address
Box 68, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Baskett "D"	Well No. 3	Pool Name, Including Formation CATO - SAN ANDRES	Kind of Lease Fee	Lease No.
Location Unit Letter O ; 660 Feet From The South Line and 1980 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 <input type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Oil Company	Address (Give address to which approved copy of this form is to be sent) 428 Mid AMERICAN Bldg., Midland, TEXAS					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 OL 11	Sec. 8	Twp. 30	Rge. No	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-9-66	Date Compl. Ready to Prod. 10-21-66		Total Depth 3644'		P.B.T.D. 3616'			
Elevations (DF, RKB, RT, GR, etc.) 4150' RDB	Name of Producing Formation SAN ANDRES		Top Oil/Gas Pay 3564'		Tubing Depth			
Perforations 3564-3610 w/2 JSPE					Depth Casing Shoe 3644'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		458'		300-Circ.			
7 1/2"	4 1/2"		3644'		800			
	2 3/8"							

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 10-21-66	Date of Test 10-23-66	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 130	Casing Pressure 775	Choke Size 20/64
Actual Prod. During Test 280	Oil-Bbls. 280	Water-Bbls. 0	Gas-MCF 174 (GOR-620) (CGR-26)

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

VII. 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-NMOCC-14
1-CU Bayes
1-NSW
1-SUSD
1-RA

(Signature)

(Title)

(Date)

10/25/66

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 multiply

<u>Deviation</u>	<u>Surveys</u>
Depth	Degrees
459	1/2°
972	1/2
1430	3/4
1760	1 1/4
2532	2
2895	1 3/4
3317	1
3571	1/2

The above are true to the best of my knowledge.


 AREA SUPT. 10-25-66

Sworn to this date, the 25th day of ~~September~~^{October}, 1966

D. B. Moorehead
 Notary Public and for Lea County, N.M.
 My commission expires 6-18-68

