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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65REQUEST FOR ALLOWABLE
HUBBS
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
NOV 29 9 36 AM '66

(Deviation Survey - Back Side)

Operator PAN AMERICAN PETROLEUM CORPORATION	
Address Box 68, Hobbs, NM	
Reason(s) for filing (check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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"/>
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. 4	Pool Name, Including Formation Cato-San Andres	Kind of Lease R-3166	State, Federal or Fee Fed	Lease No.
Location Unit Letter I ; 1980 Feet From The SOUTH Line and 700 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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Oil Co (Trucks)	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 <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 L	Sec. 11	Twp. 8	Rge. 30	Is gas actually connected? <input checked="" type="checkbox"/> 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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11-2-66	Date Compl. Ready to Prod. 11-17-66		Total Depth 3668'		P.B.T.D. 3347'			
Elevations (DF, RKB, RT, GR, etc.) 4168' RDB San Andres	Name of Producing Formation		Top Oil/Gas Pay 3584		Tubing Depth			
Perforations 3584-3628					Depth Casing Shoe 3668			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 458'		SACKS CEMENT 300			
7 7/8"	4 1/2"		3668'		800			

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 11-24-66	Date of Test 11-24-66	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 11	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 98	Oil-Bbls. 56	Water-Bbls. 42 BLW	Gas-MCF TSTM

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.

OIL CONSERVATION COMMISSION	
APPROVED	NOV 24 1966
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 completed wells.

04 3- NMOC-4
1- CUBAYES
1- NEW
1- SUSO
1- RRY

(Signature)

(Title)

(Date)

11-28-66

(Deviation Surveys)

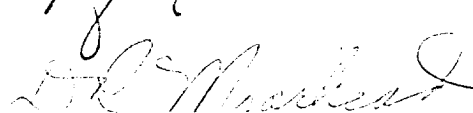
<u>Depth</u>	<u>degrees</u>
458	$\frac{1}{2}$
930	$\frac{1}{2}$
2306	2-
2749	$1\frac{1}{2}$
3235	1 -
3432	$1\frac{1}{2}$
3668	$1\frac{1}{2}$

The above are true to the best of my knowledge.


Area Foreman

11-28-66

Sworn to this date, the 28th day of November, 1966.


Notary Public In & for Lea Co. N.M.
My Commission expires 6/8/68

