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NEW MEXICO OIL CONSERVATION COMMISSION HUBERDEETCEOR RECOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
(ide)
ITHORITY FOR
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West
es County
y of this form is to be sent) LAMA DENIAS y of this form is to be sent)
Back Same Res'v. Diff. Res'v.
r.b.

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.

	1100	_	AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO S	REPISER FOIL AND NATURAL	L GAS	
	, 611				
	TRANSPORTER GAS				
	OPERATOR			4.	
ì	PROPATION OFFICE	1 (deveation	Survey - Bac	b. Xlide)	
	PAN AMERICAN PETROLEUM CORPORATION				
	2 1/8 9/	1/11/20 20= 0	22 " 2		
	Reason(s) for tiling (Check proper bo	sos / m	8240		
	How Well	Change in Transporter of:	REOUE'ST	AUTHORITY FOR	
	Recompletion	OII Dry (Gas (1)	HOLLOKILI FOR	
	Thange In Ownership	2	iensate TEMPORARII	LY COMMINGUNG	
			Time ORIGINAL	el Communitary	
	If change of ownership give name and address of previous owner		and let 1	The second of the second	
11	. DESCRIPTION OF WELL AND	Well No. Pool Name, Including	Formula Colo Sign Anches		
	WASLEY	1 CATO San	1) 2-3766	Ledge No.	
	Location	- I CFITO Dan	Comares / / state, 1 de	eral cr Fee - QQ	
	Unit Letter C : 66	50 Feet From The North	ine and 1980 Feet Fro	- 11/0/4	
			Ine and 1900 Feet Fro	m The Open Control of the Control of	
	Line of Section To	wnship & S Range	30-E , NMPM, C	haves county	
177	E-E-C-V-C-V-L-E-V-C-V-C-V-C-V-C-V-C-V-C-V-C-V-C-V-C-V				
111.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G			
	Scurroux OIL Co	<u></u>	Andress (Give address to which app	roved copy of this form is to be sent)	
	Hame of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give address to which app	toved copy of this form is to be sent)	
				To be semy	
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	Vhen	
	give location of tanks.	<u> </u>	\sim		
	If this production is commingled wi	th that from any other lease or pool	, give commingling order number:		
IV.	COMPLETION DATA				
	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	D.D. W.D.	
	11-2-66	11-15-66	3602'	P.B.T.D.	
	11-2-66 Lievations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	4124' RDB	Sananares	3452'		
	Perferations			Depth Casing Shoe	
	3452-78 72SP			3602'	
			D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	7 7/8"	8 5/8 "	465 '	300	
	1.78	7/2	3602	800	
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be	after recovery of total volume of load of	l and must be equal to or exceed top allow-	
	OIL WELL	able for this d	epth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
	11-17-66 Length of Test	11 - 23-66 Tubing Pressure	Casing Pressure		
	18	225	Z C	Choke Size	
	Actual Prod. During Toot	Oil-Bbis.	Water-Bbls.	20/64 Gas-MCF	
1	220	148	72 BLW	Gas-MCF (6/4)	
,				- Cgr 26 /	
,	GAS WELL	•		*	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	22 12 12 12 12 12 12 12 12 12 12 12 12 1			·	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
<u>.</u>					
¥I.	CERTIFICATE OF COMPLIANCE		OIL CONSERV	ATION COMMISSION	
	I have by costifus that the sub-standard standard standar		APPROVED 19		
	I hereby certify that the rules and regulations of the Oil Conservation Committees have been complied with and that the information given		(45)(A		
	at ove is true and complete to the best of my knowledge and belief.		SIGNAL SERVICE CHEEKS		
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		TITLE 1		
0.1	3 //2006 //			***************************************	
U U	13-10mocc. 14 E			compliance with RULE 1104.	
-	1- NSUS (Signosof)		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.		
	1-FAPCO-GOX 1725, MID. S (Irea (Pareman)				
_	7- 5/15 P		All sections of this form must be filled out completely for allowable on new and recompleted wells.		
	1- RIZY)	11-28-66	-	I. III, and VI for changes of owner,	
	Dat	e)	well name or number, or transpor	ter, or other such change of condition.	

DEVIATION SUPPLYS Deg rees 2746 3295 3430 * lare 34 30 - 3572 3602 - TD The above are true to the Best of my knowledge. area Voremon Dans to this date, the 28th day of Hovember, 1966 DNO Moorkean My Commission expires 6-18-68 Motary Public In + For Lea Co. nm TO: MMOCC HOBBS. N.M. Request authority to temporarily commungles orduction from this lease, WASLEY (No.1) with Ther leases within the pool and being produced into and Commingled in the CATO Storage System I. Umendment to Order CTB-162 is being requested to include the about. area Tareman