NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR MILLOWABLE C. C. C. Supersedes Old C-104 and C-110 FILE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Gil-CATO STORAGE SYSTEM I (CTB-162) Effective 1-1-65 U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE CHANGED: Operator PAN AMERICAN PETROLEUM CORPORATION FROM: PAN AMERICAN PETR. CORP. TO. AMUCO PRODUCTION CO. Box 68, Hobbs, New Mexico 88240 EFFECTIVE: 2-1-71 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Gas formerly vented. Oil Dry Gas Change in Ownership Casinghead Gas X Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE No. Pool Name, Including Formation Kind of Lease CATO San Andres - Oil State, Federal or Fee Fae .660 007H Line and 660 Feet From The 8 - S 30 **–** E Township CHAVES Range , NMPM.

or Condensate

or Dry Gds

P.ge.

If well produces oil or liquids, 11 8 7-25-68 L 30 give location of tanks. Yes If this production is commingled with that from any other lease or pool, give commingling order numbers V. COMPLETION DATA Oil Well Gas Well Workover Same Res'v. Diff. Res'v. Plug Back Designate Type of Completion - (X) Date Spudded Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 allowable for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oll-Bbls. Water - Bbis. Gae - MCF

GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	

/I. 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.

1968

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

e of Authorized Transporter of Oil 🔀

Name of Authorized Transporter of Casinghead Gas 🔀

MOBIL Pipe Line Corp.

CITIES SERVICE OIL CO.

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J	Ċζ	4 MMOCC-H	****
		1-NSW	
		1-0"P	

1-Susp (Signature)

Area Superintendent (Title)

June Dates

OIL CONSERVATION COMMISSION

hadress (Give address to which approved copy of this form is to be sent)

Address (Give address to which approved copy of this form is to be sent)

Box 900, Dallas, Texas

B artlesville, Oklahoma

Is gas actually connected?

Legse No.

County

BYXUS 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.