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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE E. C. C.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
DEC 31 3 29 AM '66

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

(DEVIATION SURVEYS - BACK SIDE)

Operator <i>Pan American Petroleum Corp.</i>	
Address <i>Box 68 Hobbs, New Mexico 88240</i>	
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	Well No. 2	Pool Name, Including Formation CATO San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West				
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.	Address (Give address to which approved copy of this form is to be sent) 414 Mid American Bldg., Midland, Tex.			
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?		When	
	NO			

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 12-15-66	Date Compl. Ready to Prod. 12-25-66		Total Depth 3523'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 4124 RDB	Name of Producing Formation San Andres		Top Oil/Gas Pay 3419'		Tubing Depth			
Perforations NONE						Depth Casing Shoe 3419'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		450'		300 - Gals.			
7 7/8"	5 1/2"		3419'		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 12-27-66	Date of Test 12-28-66	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 100	Casing Pressure 300	Choke Size 24/64"
Actual Prod. During Test 253	Oil-Bbls. 25 BLO X 215 BO	Water-Bbls. 13 BLW	Gas-MCF 161

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

(Signature)
Area Supt.
(Title)
12-29-66
(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 multiply completed wells.

(State of New Mexico) **Deviations Survey**

DEPTH	DEGREES OFF
1975	0.000
2606	1 3/4
3198	1

The above are true to the best of my knowledge.

[Signature]
Area Supt.

Sworn to this date, the 29th day of December, 1966.

[Signature: D.R. Moorhead]
Notary Public In & For New Mexico, N.M.
My commission expires 6-18-68.

