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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

Form C-104

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

MAR 19 11 51 AM '67

(DEVIATION SURVEYS- BACK SIDE)

Operator
PAN AMERICAN PETROLEUM CORPORATIONAddress
BOX 68, HOBBS, N. M. 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Request permission
to temporarily commingle production
from lease w/ other San Andres production
under CATO Storage System II w/ CATO, B, C,
Federal lease, pending formal approval
of application submitted 3-6-67, 7/173-541.02.
Rubb to NMOCC. Santa Fe

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name FISCHER Federal	Well No. 1	Pool Name, Including Formation CATO San Andres	Kind of Lease State, Federal or Fee Fed	Lease No. NM-0254700
Location				
Unit Letter M ; 660 Feet From The SOUTH Line and 660 Feet From The WEST				
Line of Section 12 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) 414 MIDAMERICA 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 J	Sec. 14
	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:

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 1-5-67	Date Compl. Ready to Prod. 1-20-67		Total Depth 3714'		P.B.T.D. 3588'			
Elevations (DF, RKB, RT, GR, etc.) 4175' RDB	Name of Producing Formation San Andres		Top Oil/Gas Pay		Tubing Depth 3583'			
Perforations 3536-78					Depth Casing Shoe 3714'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		483'		300			
7 7/8"	4 1/2"		3714'		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 1-31-67	Date of Test 3-14-67	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure —	Casing Pressure —	Choke Size —
Actual Prod. During Test 72	Oil-Bbls. 26	Water-Bbls. 46	Gas-MCF 11 (420 gOR)

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.

043-NMOCC-N

1-NSW

1-BF

1-JEL

1-SUSP

1-RRV

(Signature)

AREA SUPERINTENDENT

(Title)

3-15-67

(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 allow-
able 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.

(Surveys)
depth degrees
off

989 $\frac{1}{2}$
1472 - 1 -
2016 - $2\frac{1}{4}$
2480 - $2\frac{3}{4}$
2829 - $2\frac{1}{2}$
3041 - $1\frac{1}{4}$
3206 - $\frac{3}{4}$
3350 - "
3570 - 1 -
3714 - $1\frac{1}{4}$

The above are true to the best of my knowledge.

Sworn to this date, the 15th day of March, 1967.

DR Mourhead

Notary Public In & For Lea Co. NM.
My commission expires 6-18-68