DISTRIBUTION							
SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION Form C-104					
FILE							
U.S.G.S.	AND AUTHORIZATION TO TRANSPORT ON AND ATURAL GAS						
LAND OFFICE	AUTHORIZATION TO H	BASPOR LOL MADMATURAL	GAS				
IRANSPORTER OIL GAS	(DEVIATION )	URUEYS - BACK SIDE)					
OPERATOR		)					
PRORATION OFFICE							
PAN AMERICAN PETROLEUM	CORPORATION						
Address BOX 68, HOBBS, N. M. 8824	0		*****				
Reason(s) for filing (Check proper t	· · · · · · · · · · · · · · · · · · ·	Other (Please explain)					
New Well	Change in Transporter of:						
Recompletion							
Change in Ownership	Casinghead Gas Cond	ensate					
If change of ownership give name and address of previous owner	•						
DESCRIPTION OF WELL AN	D I FASE						
Lease Name	Well No. Pool Name, Including	<i>n</i>	Ledae Ivo.				
ABKO JEderal	3 CATO San	Undres State, Feder	al or Fee Jed 0403706				
		660					
Unit Letter 1 ; Oc	Feet From The NORTH_L	ine and <u>060</u> Feet From	The LAST				
Line of Section	Township 8-5 Range	<u>30-E, NMPM, CH</u>	AUES County				
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS					
Name of Authorized Transporter of C		Address (Give address to which appro	ved copy of this form is to be sent)				
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	Address (Give address to which appro	G MIDLAND IEXAS				
If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected? Wh	en				
give location of tanks,	<b>1 1 1 8</b> 30	No					
f this production is commingled v COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	TB-162				
· ·	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.				
Designate Type of Complet							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
I-18-67 Elevations (DF, RKB, RT, GR, etg.)	1-27-67	3850	3700				
AIOA' D O R		Top Oil/Gas Pay	Tubing Depth				
Perforations	. JAN HUNDRES	3308	Depth Casing Shoe				
3308-51, 89-98,	3405-24		3850				
· · · · · ·	TUBING, CASING, AN	D CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	85/8	467	:300 ox				
7 /8"	4 1/2"		800 0x				
EST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oll (	and must be equal to or exceed top allow-				
DIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif					
2-8-67	2-10-67	Sucal	·, = · · · · · · · · · · · · · · · · · ·				
Length of Teet	Tubing Pressure	Casing Pressure	Chdke Size				
11							
Actual Prod. During Teet	Oll-Bble.	Water-Bbls. 21 BLW	Gas-MCF 25.9 cm				
	100		60 [289 GOR]				
TAS WELL	·	·····					
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
	· and freeder (Baut-IN )	Cosing Pressure (BBBC-18)					
ERTIFICATE OF COMPLIAN	iCE						
hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19				
ommission have been complied	with and that the information given e best of my knowledge and bellef.	BY					
	and and pottole						
3-NMOCC-N		TITLE					
i-RRy (Signature) well		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.					
				(	AREA SUPERINTENDENT	All sections of this form mus	t be filled out completely for allow-
					2-10-67	able on new and recompleted wel	
(D)	ate)		n or other such change of condition.				
1		Separate Forms C-104 must	be filed for each pool in multiply				

(DEVIATION SURVEYS) DEPTH DEGREES 967 - 1/2 3/4 1500 -2889 - 1-/ - . 2129 1 - 1 2661 -3167 -3/4 3359 -3570 - 3/4 3757 - 1/2 The above arotrue to the best of my knowledge. Sworn to this date, the 10th day of February, 1967 Notary Sublic In & Der Lea Cor My commission Expire 6-18-68