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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  
Dated 1-1-65

HOBBS OFFICE

FEB 20 8 12 AM '67

(DEVIATIONS - BACK SIDE)

Operator PAN AMERICAN PETROLEUM CORPORATION	
Address BOX 68, HOBBS, N. M. 88240	
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) REQUEST AUTHORITY TO TEMP. COMMINGLE W/ PERKO Federal LEASE - PENDING FORMAL APPROVAL OF APPLICATION.	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		UNDESIGNATED	
Lease Name CROSBY B Federal	Well No. 1	Pool Name, Including Formation Cato San Andres	Kind of Lease Fed
Location Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST		Lease No. NM-0155494	
Line of Section 9	Township 8-S	Range 30-E	County CHAVES

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 MID AMERICA 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 H	Sec. 10	Twp. 8	Rge. 30	Is gas actually connected? No	When

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 <input type="checkbox"/> New Well <input 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 2-4-67	Date Compl. Ready to Prod. 2-14-67	Total Depth 3450'	P.B.T.D. 3402'
Elevations (DF, RKB, RT, GR, etc.) 4104' R.D.B.	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay 3365'	Tubing Depth
Perforations 3365-85	Depth Casing Shoe 3450'		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 11"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 460'	SACKS CEMENT 300
7 7/8"	4 1/2"	3450'	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 2-14-67	Date of Test 2-17-67	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 230	Oil-Bbls. 110	Water-Bbls. 120 BLW	Gas-MCF 33 (GOR-304 26°)

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	OIL CONSERVATION COMMISSION
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.	APPROVED _____, 19____
	BY _____

04 3-NMOCC-H 1-NSW 1-BILL FARMER 1-PAPCO-MID (Box 1725) 1-SUSP 1-REY	(Signature) AREA SUPERINTENDENT (Title) 2-22-67 (Date)	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.
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DEVIATION SURVEYS

<u>DEPTH</u>	<u>DEGREES OFF</u>
460	1/2
960	"
1470	"
1940	3/4
2529	1 -
2802	3/4
3066	1 -
3219	3/4

The above are true to the best of my knowledge.

1  
AREA SUPERINTENDENT

2-22-67

Sworn to this date, the 22<sup>nd</sup> day of February, 1967.

DR. McArthur  
Notary Public in & for Lea Co. N.M.  
my Commission expires 6-18-68.

TO NMOCC:

Request authority to temporarily commingle  
the CLOSBY B Federal production w/  
ABKO Federal production. Both leases  
are in the CATO San Andres oil Pool.

The tank battery shall be known as the  
CATO Storage System III (formerly ABKO  
Federal Lease tank battery)

Temporary authority to exist pending  
approval of formal application to be  
submitted.

2  
AREA SUPERINTENDENT

2-23-67

PAN AMERICAN PETROLEUM CORPORATION