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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

(see Reverse side for)  
(Deviation Surveys)

Operator PAN AMERICAN PETROLEUM CORPORATION	
Address BOX 68, HOBBS, N. M. 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name CATO B Federal	Well No. 3	Pool Name, Including Formation UNDESIGNATED Cato San Andres	Kind of Lease Fed	Lease No. NM 0177517
Location Unit Letter D 660 Feet From The NORTH Line and 660 Feet From The WEST Line of Section 23 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? No	
	When	

If this production is commingled with that from any other lease or pool, give commingling order number:

Temporary Commingling  
Authority

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 Resv.	Diff. Resv.
Date Spudded 3-14-67	Date Compl. Ready to Prod. 3-27-67	Total Depth 3630	P.B.T.D. 3597					
Elevations (DF, RKB, RT, GR, etc.) 4179 R.D.B.	Name of Producing Formation San Andres	Top Oil/Gas Pay 3576	Tubing Depth					
Perforations 3576-3600 w/2JSPF	Depth Casing Shoe 3630							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		457'		300 Sx. Circ			
7 1/8"	4 1/2"		3630'		800 Sx.			

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 3-27-67	Date of Test 3-27-67	Producing Method (Flow, pump, gas lift, etc.) Flow.	
Length of Test 14	Tubing Pressure 180	Casing Pressure 200	Choke Size 12/64"
Actual Prod. During Test 295	Oil-Bbls. 235	Water-Bbls. 60 BLW	Gas-MCF 97 (4 1/2 GOR 25.8' Egn)

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.

04 3-NMOC-14  
1-NSW  
1-WEF  
1-JEL  
1-SUSP  
1-RRY

(Signature)

AREA SUPERINTENDENT

(Title)

3-28-67

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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

## Deviation Surveys

depth   degrees

900 -  $1\frac{1}{4}$

1510 - "

2190 -  $1\frac{1}{2}$

3049 -  $2\frac{3}{4}$

The above are true to the best of my knowledge.

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Sworn to this date, the 28<sup>th</sup> day of March, 1967

D R Moorhead

Notary Public In & For Lea Co. N.H.  
My Commission expires 6-18-68