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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

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

(See Reverse Side - Deviation Surveys)

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"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input type="checkbox"/>
	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

Other (Please explain) REQUEST TEMP. AUTH
TO COMMINGLE BY CROSBY & CROSBY
LEASES PENDING APPROVAL OF
FORMAL APPLICATION SUBMITTED
4-10-67.

II. DESCRIPTION OF WELL AND LEASE

UNDESIGNATED

Lease Name CROSBY G	Well No. / Pool Name, Including Formation 1 (CATO San Andres)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter N : 660 Feet From The SOUTH Line and 1980 Feet From The WEST			
Line of Section 9 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 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 Sec. Twp. Rge. Is gas actually connected? When
	G 17 8 30 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.
Date Spudded 3-26-67	Date Compl. Ready to Prod. 4-8-67	Total Depth 3490		P.B.T.D. 3445					
Elevations (DF, RKB, RT, GR, etc.) 4058 RDB	Name of Producing Formation San Andres	Top Oil/Gas Pay 3326		Tubing Depth 3364					
Perforations 3326-48, 51-55, 58-63		Depth Casing Shoe 3490							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 12 1/4 7 7/8	CASING & TUBING SIZE 8 5/8 4 1/2 2 3/8	DEPTH SET 448 3490 3364		SACKS CEMENT 300 2X 800 2X					

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 4-9-67	Date of Test 4-10-67	Producing Method (Flow, pump, gas lift, etc.) Swab & Jkr	
Length of Test 24	Tubing Pressure -	Casing Pressure 125	Choke Size -
Actual Prod. During Test 107	Oil-Bble. 85	Water-Bble. 22 BLW	Gas-MCF 81 MCF (950-Gal)

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. 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.

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 multiple completed wells.

043-NMOCC-14
1-NSCO
1-WEL
1-WEF
1-RRY
1-SUSP
(Signature)
AREA SUPERINTENDENT
(Title)
4-10-67
(Date)

(Deviation surveys)

448 - 1°
1029 - 1 -
2413 - 1 -
2700 - 1 1/4
2912 - 1 3/4
3093 - 1
3257 - 1 3/4
3460 - 1 3/4

The above are true to the best of my knowledge.

Sworn to this date, the 10th day of March, 1967

DR Moarherd

Notary public for Lee Co. W. Va.
my Commission expires 6-18-68.