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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
HOBBS OFFICE O. C. C.

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUG 13 9 33 PM '68

OIL-CATO STORAGE SYSTEM II

Operator	PAN AMERICAN PETROLEUM CORPORATION	NAME CHANGED:
Address	Box 68, Hobbs, New Mexico	FROM: PAN AMERICAN PETR. CORP.
Reason(s) for filing (Check proper box)		TO: AMOCO PRODUCTION CO.
New Well	<input type="checkbox"/>	EFFECTIVE: 2-1-71
Recompletion	<input type="checkbox"/>	Other (Please explain)
Change in Ownership	<input type="checkbox"/>	Gas formerly vented
Change in Transporter of:		
Oil	<input type="checkbox"/>	
Casinghead Gas	<input checked="" type="checkbox"/>	
Dry Gas	<input type="checkbox"/>	
Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
CATO "A" Fed	2	CATO San Andres	State, Federal or Fee Federal	NM 0177517
Location				
Unit Letter	L	1980 Feet From The	SOUTH Line and 660 Feet From The	WEST
Line of Section	15	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"/>	Address (Give address to which approved copy of this form is to be sent)
MOBIL Pipe Line Corp				Box 900, Dallas, Texas
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/>	or Dry Gas	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
CITIES SERVICE Oil Co.				Bartlesville, Oklahoma
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	J	14	8	30
Is gas actually connected?	Yes	When	8-9-68	

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

CTB-171

IV. COMPLETION DATA									
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
Perforations					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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 AUG 15 1968, 19	
		BY John W. Runyan	
		Geologist	
		TITLE	
O&G NMCCC-H		This form is to be filed in compliance with RULE 1104.	
1-NM		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.	
1-OEP		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
1-Susp		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.	
AREA SUPERINTENDENT		Separate Forms C-104 must be filed for each pool in multiply completed wells.	
(Signature)			
(Title)			
June 1968			
(Date)			

