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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 167
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

(DEVIATION SURVEY - BACK SIDE)

I.

Operator PAN AMERICAN PETROLEUM CORPORATION	
Address BOX 68, HOBBS, N. M. 83240	
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 "A" FEDERAL	Well No. 2	Pool Name, including Formation CATO San Andres	Kind of Lease Fed.	Lease No. N.M. 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"/> Scurlock Oil Co. (Trucks)	Address (Give address to which approved copy of this form is to be sent) 414 Mid American 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: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" 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.
Date Spudded 4-2-67	Date Compl. Ready to Prod. 4-11-67		Total Depth 3555'		P.B.T.D. 3520'			
Elevations (DF, RKB, RT, GR, etc.) 4146' RDB.	Name of Producing Formation San Andres		Top Oil/Gas Pay 3386'		Tubing Depth			
Perforations 3480-3515, 3386-3446 w/2 I.S.P.F.					Depth Casing Shoe 3555'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		455'		300			
7 7/8"	4 1/2"		3555'		600			

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 4-12-67	Date of Test 4-15-67	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 182	Oil - Bbls. 110	Water - Bbls. 23 BLW + 49 BNW	Gas - MCF N.A.

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.

043-NMOC-C-H
1-N5W
1-PAPCO, Box 1725, Mid.
1-S45P.
1-BH FARMER
1-RRY

(Signature)
AREA SUPERINTENDENT

(Title)
4-17-67
(Date)

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

DEVIATIONS

<u>DEPTH</u>	<u>DEGREES</u>
952	$3/4^{\circ}$
1400	1°
1865	1°
1930	$3/4^{\circ}$
2405	$3/4^{\circ}$
2743	1°
3300	$3/4^{\circ}$
3555	$3/4^{\circ}$

The above are true to the best of my knowledge.

AREA SUPERINTENDENT

Sworn to this date, the 17th day of April, 1967.

D. R. [Signature]
Notary Public and For Sea Co., N.M.
My Commission Expires 6-18-68.