HO. OF COPIES RECEIVED	<del>-, -</del>		
DISTRIBUTION		ONSERVATION COMMISSION	Form C=104
SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
FILE		AND	2.100.11.00
U.S.G.\$.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (	GAS
LAND OFFICE			
OIL			
TRANSPORTER GAS	<del></del>		
OPERATOR	<del></del>		•
	1 DEMATION	SURUEYS - BACK	SIDE
PRORATION OFFICE	UEUTHITOIO,	DURILLIS DALK	SIRC.)
PAN AMERICAN PETROLEUM	A CORPORATION		
<u></u>			
Address	040		
BOX 68, HOBBS, N. M. 88			TO TEM
Reason(s) for filing (Check prop	per box1	Other (Please explain)	QUEST AUTH. TO TEM THER SAN ANDRES.
New Well	Change in Transporter of:	TOWWINGE M	OTHER ZHIN HUDREZ.
Recompletion	Oil Dry Ga	s 💹 PROD, IN TO CA	to 5.5.11 pending
Change in Ownership	Casinghead Gas Conder	sate Deproval of F	ORMAL APPLICATION
		TISS TEMPA	PPROVED.1
If change of ownership give n	ame	000001010	CATO A FEE, CATO AFEE
and address of previous owne	r		
	LINDESIGNA	ATFD	cher 714)
DESCRIPTION OF WELL	Well No. Pool Name, Including F	ormation (1-10-9ab) /Kind of Leas	Lease No.
Lease Name	4 00-	State, Feder	NM-
ICATO "D" YEA	eral 1 CATO dan	CMANUS State, Federa	11 or 1 00 JECL. 0354427-
Location			
A	660_ Feet From The NORTH_Lin	se and 1980Feet From	The EAST
Unit Letter;_	reet from the NASTITE CHI		
02	Township 8-5 Range	30-E , NMPM, CHA	UFS County
Line of Section 23	Township 8-5 Range	30-C // CA1-	V
DESIGNATION OF TRANS	SPORTER OF OIL AND NATURAL GA	Address (Give address to which appro	nued conv of this form is to be sent)
Name of Authorized Transporter	of Oil or Condensate		
SCHRIOCK ON	(C. (TRUCKS)	114 MID AMERICA BL	DG MIDLAND IEXAS
Name of Authorized Transporter	of Casinghead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent;
	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	nen
If well produces oil or liquids,	1 14 8 30	No .	
give location of tanks.			
If this production is comming	led with that from any other lease or pool,	give commingling order number:	
COMPLETION DATA			Plug Back - Same Res'v. Diff. Res'v
	Oil Well Gas Well	New Well Workover Deepen	Flug Back pains from the
Designate Type of Con	ipletion = (A)	X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-10-67	4-22-67	3800	3630
4-10-67 Elevations (DF, RKB, RT, GR,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
		3568	• •
4206 RDF	3 San anates	3000	Depth Casing Shoe
Perforations			3800
3568-3607 W/	2JSPF		<u> </u>
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4 1	85/8"	447	360
7 7/8"	4 '/2"	3800'	600
1.78			
			l and must be sound to an evered ton allo
. TEST DATA AND REQUE	EST FOR ALLOWABLE (Test must be a	after recovery of total volume of load of epth or be for full 24 hours)	l and must be equal to or exceed top allo
OIL WELL	2018 707 11118 13	Producing Method (Flow, pump, gas	lift, etc.)
Date First New Oil Run To Ta	Date of Test	7/04.5	• • • •
5-1-68	<u> </u>	TRUW	Chake Size
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	75	800	16/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF (GOL-87)
197	175	22 BLW	152
191			
GAS WELL		Phile Condensate AA/CE	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Granty or Concentration
Testing Method (pitot, back pr	.) Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
The state of the s			
VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
		OIL CONSERV	CT TOTA COMMISSION
		1 5	, 19
I hereby certify that the rule	es and regulations of the Oil Conservation	APPROVED	, ,,
above is true and complete	to the best of my knowledge and belief.	BY	
	_		
		TITLE	
0+3 NMOCC-11		TITLE	and long with an F 4404
0+3 NMOCCII		11	compliance with RULE 1104.

1- JEL

1-WEF

1-SUSP

1-RRY

(Signature)

(Title)

AREA SUPERINTENDENT

All sections of this form must be filled out completely for silow-able 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

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.

DEVIATION	SURVEYS	
DEPTH	DEGREES OFF	
907	1	
1510	/ -	
2168	1 =	
2835	- 3/4	
3195	1 -	
3444	1/2	
3643	1 -	
3800	34	

The above are true to the best of my knowledge.

AREA SUPERINTENDENT

Sworn to this date, the 3rd Day of May, 1967.

Notary Level In & Ver Lea Co. 2 m My Commission supires 6-18-68.