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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
MAY 1 10 23 AM '67

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

(DEVIATION SURVEYS- BACK SIDE)

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"/>	REQUEST AUTHORITY TO TEMPORARILY COMMINGLE PROD. W/ CROSBY, CROSBY F, CROSBY G LEASES. ALL COMMON THROUGHOUT. FORMAL APPLICATION BEING SUBMITTED - NEW BATTERY TO BE-CATO STORAGE SYST-4 EFF- 6-1-67.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner	

Lease Name CROSBY H	Well No. 1	Pool Name, including Formation CATO San And	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter E ; 1980 Feet From The North Line and 660 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"/>	Address (Give address to which approved copy of this form is to be sent)			
SCURLOCK OIL CO (TRUCKS)	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 G	Sec. 17	Twp. 8	Rge. 30
	Is gas actually connected?		When	
	No			

IV. COMPLETION DATA									
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input 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. <input type="checkbox"/>	
Date Spudded 4-25-67	Date Compl. Ready to Prod. 5-5-67	Total Depth 3350	P.B.T.D. 3323						
Elevations (DF, RKB, RT, GR, etc.) 4047' R.D.B.	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay 3100	Tubing Depth 3300						
Perforations 3100-60; 3260-94 w/21SPF		Depth Casing Shoe 3350							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 12 1/4 7 7/8	CASING & TUBING SIZE 8 5/8 4 1/2		DEPTH SET 476 3350		SACKS CEMENT 300 600				

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 5-5-67	Date of Test 5-9-67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 11	Tubing Pressure 200	Casing Pressure 0	Choke Size 10/64
Actual Prod. During Test 172	Oil-Bbls. 165	Water-Bbls. 7	Gas-MCF NA

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

I. 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.	
24 3-NBDC-14 1-NSW 1-WET 1-LEL 1-SUSD 1-12R4	(Signature) AREA SUPERINTENDENT (Date) 5-8-67

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 multiply completed wells.	

<u>DEPTIT</u>	<u>DEGREES OFF</u>
250	$\frac{3}{4}$
997	"
1447	1 -
2018	$1\frac{3}{4}$
2454	$1\frac{1}{4}$
2822	$\frac{3}{4}$
3099	1 -
3339	$1\frac{3}{4}$

The above are true to the best of my knowledge.

Sworn to this date, the 9th day of May, 1967

R. W. Moorhead
 My Commission expires 6-18-68
 Notary Public In & For La. Co. N.M.