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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
(Deviation Surveys- Back side)

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

I. Operator
PAN AMERICAN PETROLEUM CORPORATION
Address
BOX 68, HOBBS, N. M. 88240
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
BASKETT "B"	2	CATO San Anures	State, Federal or Fee	Fee
Location				
Unit Letter	C	660 Feet From The	NORTH Line and	1980 Feet From The
Line of Section	11	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)	114 MID AMERICA BLDG. MIDLAND TEXA					
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
	L	11	8	30	No	

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-162

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
5-4-67	5-16-67	3532'	3508'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4141' RDB	San Anures	3383'						
Perforations	Depth Casing Shoe							
3383-92, 3403-26, 54-77	3532'							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	461'	300
7 7/8"	4 1/2"	3532'	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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-17-67	5-17-67	Flow? Swab	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
15	150	500	open
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
140	120	20 BLW	NVA

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.

013-NMOC-4

1-N560
1-W27
1-R5W
1-S5SE
1-R27

DR. Markes
(Signature)

(Title)

(Date)

Area Mgr. Supr
5/19/67

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>DEPTH</u>	<u>DEGREES OFF</u>
461	3/4
955	1/2
1379	"
1861	3/4
2073	1 -
2568	1 -
2710	1 -
3094	1 -
3280	- MIS RUN
3438	1 -
3532	1 -

The above are true to the best of my knowledge

OR Williams

OR Williams, Area Foreman

Sworn to this date, the 19th day of May, 1967.

Dr. Maskeed
Notary Public for San Jose Co. N.M.
My Commission expires 6-18-68