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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

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

AUG 3 21 PM '67
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CATO SSI

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 type="checkbox"/>	Former-Scurlock Oil Company (Trucks)
Recompletion <input type="checkbox"/>	Effective AUG 13 1967
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input checked="" type="checkbox"/> Gas <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry 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 CROSBY "D"	Well No. 2	Pool Name, Including Formation CATO San Andres	Kind of Lease State, Federal or Fee	Lease No. Foo
Location Unit Letter F, 1980 Feet From The NORTH line and 1980 Feet From The WEST				
Line of Section 15 Township 8-S Range 30-E, NMPM, CHAVES County				

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) Box 900, Dallas, 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 L	Sec. 11	Twp. 8	Rge. 30	Is gas actually connected? No	When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Is Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Locations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

DATA AND REQUEST FOR ALLOWABLE FILL

(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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
of Test	Tubing Pressure	Casing Pressure	Choke Size
Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

FILL

Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

STATE OF COMPLIANCE

I certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.

(Signature)

AREA SUPERINTENDENT

(Title)

AUG 4 67

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Joe A. Stoney
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.