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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

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

97 11 '67

I. OPERATOR

Operator: Pan American Petroleum Corp.
Address: Box 68 Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of: Oil Dry Gas
 Recompletion Oil Condensate
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>CROSBY "G"</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>CATO San Andres</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>K</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>9</u> Township <u>8-S</u> Range <u>30-E</u> , NMPM, <u>Chaves</u> 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"/> <u>Scurlock Oil Co. (Trucks)</u>	Address (Give address to which approved copy of this form is to be sent) <u>414 Mid American Bldg. Midland, Tex</u>			
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 <u>G</u>	Sec. <u>17</u>	Twp. <u>8</u>	Rge. <u>30</u>
	Is gas actually connected?		When	
	<u>No</u>			

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-169

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>6-28-67</u>	Date Compl. Ready to Prod. <u>7-8-67</u>	Total Depth <u>3404'</u>	P.B.T.D. <u>3386'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>4043' RDB</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>3161'</u>	Tubing Depth					
Perforations <u>3161-95; 3311-17; 3321-30; 3337-42</u>			Depth Casing Shoe <u>3403'</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>11"</u>	<u>8 5/8"</u>	<u>260'</u>	<u>250</u>					
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>3403'</u>	<u>300</u>					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks <u>7-8-67</u>	Date of Test <u>7-8-67</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Swab</u>	
Length of Test <u>16 HRS</u>	Tubing Pressure <u>-</u>	Casing Pressure <u>350</u>	Choke Size <u>swab</u>
Actual Prod. During Test <u>240</u>	Oil-Bbls. <u>180</u>	Water-Bbls. <u>60 BLW</u>	Gas-MCF <u>115 (602638) (cgs 24°)</u>

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.

Area Superintendent
(Signature)
7-12-67
(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 multiply

3-NMOC-H
1-NSW
1-SUSP
1-R4

J. P. MacArthur
 Notary Public in & for the State of N.M.
 My Commission Expires 6-18-68.

Sworn to this date, July 12th, 1967.

AREA SUPERINTENDENT

The above are true to the best of my knowledge.

Debitors
 Debits
 260 - 1/2
 761 - 1/2
 1263 - 3/4
 2451 - 1 -
 2862 - 3/4
 3092 - 3/4
 3287 - 1/2
credits
 577