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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE O.C.C.
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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 WASLEY	Well No. 6	Pool Name, Including Formation CATO San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</u>				
Line of Section <u>14</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"/>	Address (Give address to which approved copy of this form is to be sent)	
SCURLOCK OIL Co	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 L	Sec. 11	Twp. 8
Rge. 30	Is gas actually connected? No	When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" 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 7-24-67	Date Compl. Ready to Prod. 8-2-67		Total Depth 3610'		P.B.T.D. 3590'			
Elevations (DF, RKB, RT, GR, etc.) 4124' R.D.B.	Name of Producing Formation SAN ANDRES		Top Oil/Gas Pay 3444'		Tubing Depth 3491'			
Perforations 3444' - 3490'					Depth Casing Shoe 3610'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	(24") 8 5/8"		254'		250' Sx.			
7 7/8"	(9.5") 4 1/2"		3610'		300' Sx.			

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 8-2-67	Date of Test 8-3-67	Producing Method (Flow, pump, gas lift, etc.) FLOWING + SWAB	
Length of Test 20	Tubing Pressure 125	Casing Pressure 350	Choke Size 10/64"
Actual Prod. During Test 305	Oil-Bbls. 270	Water-Bbls. 35 BLW	Gas-MCF 167

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Met (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.

043-NMOCC-H

1-NSW

1-SUSP

1-RRV

(Signature)

AREA SUPERINTENDENT

(Title)

8-3-67

(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

DEVIATION SURVEYS

<u>DEPTH</u>	<u>DEGREES</u> <u>OFF</u>
254	- 1/2
577	- "
1158	- "
1639	- 3/4
1842	- 1/4
2343	- "
2662	- 1 1/2
3170	- 3/4
3330	- "
3504	- 1/2
3610	- "

The above are true to the best of my knowledge.

Sworn to this date, the 3rd day of August, 1967

D. R. Moorhead
Master Public Surveyor Lea Co. N.M.
My Commission expires 6-18-68.