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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROPATION OF	1		

I-Susp

(Signature) ARNA DEN BRIDGENDENT

(Title)

June 1968 (Dute)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE FOR C

Form C-104
Supersedes Old C-104 and C-110

- 1	FILE		AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	HSELDE SOLL SAND HATTURAL G	ΔS	
	LAND OFFICE	AOTHORIZATION TO THE	O. OE 44 3-18- 3		
Ì	VOLUME OIL		Oil-CATO	STORAGE SYSTEM III	
1	TRANSPORTER GAS		•		
İ	OPERATOR				
ı.	PRORATION OFFICE		•		
••	Operator		NAME CHANGED:		
	PAN AMERICAN PETRO	LEUM CORPORATION	FROM: PAN AMERICAN	PETR CORP.	
	Address	2011 0014 0.1112011	TO: AMUCO PRODUCT	ION CO	
	Box 68, Hobbs, New	Mexico 88240	EFFECTIVE: 2-1-71	1011 00.	
!	Reason(s) for filing (Check proper box)	110.000	Other (Please explain)		
	New Well	X Change in Transporter of:			
	Recompletion	Oil Dry Gas	s Gas formerly	vented.	
	Change in Ownership	Casinghead Gas X Conden	sate		
	If change of ownership give name		·		
	and address of previous owner				
r <b>T</b>	DESCRIPTION OF WELL AND L	FASE			
14.	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease	1 =	
	CROSBY "A" FED	2 CATO San Andre	State, Federal	or Fee Federal 0142233	
	Location			10/4 2233	
		30 Feet From The SOUTH Line	860	The EAST	
	Unit Letter;;	Feet From The SOUTH Line	e and Som Feet From 1	he	
	<b>Q</b>	e-S Range 3	30-E NMPM. (	CHAVES County	
	Line of Section C Town	nship Range	, ММРМ,	County	
	THE ANGELOR	TED OF OUT AND MATTIDAY CA	c		
u.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which approx	ed copy of this form is to be sent)	
	MOBIL Pipe Line Corp.		Box 900, Dallas, Texas		
	Name of Authorized Transporter of Cast	inghead Gas X of Dry Gas	Address (Give address to which approx		
	CITIES SERVICE Oil Co.	indiana and [V] or pri and	•		
	CITIES SERVISE OIL CO.	The Property of the Property o	Bartlesville, Oklahom. Is gas actually connected? Who		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		7-25-68	
	give location of tanks.	G 10. 8 30	Yes	7-25-60	
	If this production is commingled with	h that from any other lease or pool,	give commingling order number:	CTB-170	
٧.	COMPLETION DATA		Daniel Daniel	Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.	
	Designate Type of Completion	, , , , , , , , , , , , , , , , , , ,	<u> </u>	1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
				<u> </u>	
		TUBING, CASING, AND	D CEMENTING RECORD	· · · · · · · · · · · · · · · · · · ·	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
				<u> </u>	
		<u> </u>		<u>i</u>	
٧.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-	
	OIL WELL	able for this de	epth or be for full 24 hours)	A	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)		
				Choke Size	
	Length of Teet	Tubing Pressure	Casing Pressure	Choke Size	
				Con MCS	
	Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gas-MCF	
		<u>                                     </u>	<u> </u>	<u> </u>	
	GAS WELL			Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Presewe (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI	. CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVATION COMMISSION		
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED	19 19 19	
Commission have been complied with and that the information given			Laste N. lemente		
		BY Justin			
$\sim$	ELL MILOCC-H		TITLE		
U	1-NSW			compliance with put # 1101	
	1-029	~ <b>&gt;</b> ~		compliance with RULE 1104.	
	THOUSE COMMON COMPRISACION COMPRISACION COMPRISACION COMPRISACION COMPRISACION COMPRISACION C	-	If this is a request for allo	wable 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.