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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

CATO SS III

(DEVIATION SURVEYS- BACK SIDE)

Operator PAN AMERICAN PETROLEUM CORPORATION	
Address BOX 68, HOBBS, N. M. 88240	
Reason(s) for filing (check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name CROSBY "A" Federal	Well No. 2	Pool Name, Including Formation CATO San Andres	Kind of Lease State, Federal or Fee Fed	Lease No. NM-0142233
Location				
Unit Letter I 1980 Feet From The South Line and 660 Feet From The East				
Line of Section 8 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)	
MOBIL PIPE LINE CORP	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 G	Sec. 10	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-170

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 9-6-67	Date Compl. Ready to Prod. 9-15-67		Total Depth 3351'		P.B.T.D. 3328'			
Elevations (DF, RKB, RT, GR, etc.) 4040' R.D.B.	Name of Producing Formation San Andres		Top Oil/Gas Pay 3114'		Tubing Depth 3162'			
Perforations (3261-70, 74-91, 94-97503 w/150 SX)		3114'-60' w/25PF		Depth Casing Shoe 3351'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		297'		250 SX			
7 7/8"	4 1/2"		3351'		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 9-18-67	Date of Test 9-20-67	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 24	Tubing Pressure -	Casing Pressure 150	Choke Size Swab
Actual Prod. During Test 101	Oil-Bbls. 65	Water-Bbls. 35 BLW	Gas-MCF 43

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.

03-NMOCCL-4
1-NSCO
1-OBP
1-SUSD
1-RRY
1-TSP

(Signature) AREA SUPERINTENDENT
BOX 68, HOBBS, N. M. 88240

(Title)

(Date)

9-20-67

OIL CONSERVATION COMMISSION

APPROVED

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

(DEVIATIONS)	
<u>DETH</u>	<u>DEGREES</u> <u>OFF</u>
297 -	$\frac{1}{2}$
758 -	$\frac{3}{4}$
1225 -	"
1449 -	$\frac{1}{2}$
1946 -	$\frac{3}{4}$
2476 -	2-
2858 -	$1\frac{1}{2}$
3112 -	$\frac{1}{4}$
3351 -	$1\frac{1}{4}$

The above are true to the best of my knowledge.

V. E. Foley

AREA SUPERINTENDENT

Sworn to this date, September 20, 1967.

D. L. Moorhead

Notary Public In & For Lea Co N.M.
My Commission Expires 6-18-68