	2					
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	SANTA FE	CONSERVATION COMMISSION				
	FILE	KEQUE:	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11 AND Effective 1-1-65			
	U.S.G.S.	AND Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 7				
	I HANSPORTER OIL					
	OPERATOR GAS					
	PRORATION OFFICE	1 75110	710N 5101		1	
•	Cperator CARVIATION SURVEYS BACK SIDE					
	PAN AMERICAN PETRO	LEUM CORPORATION				
	Address					
	BOX 68, HOBBS, N. M					
	Reason(s) for filing (Check proper be		Other (Please explain	1)		
	Recompletion	Change in Transporter of:	. —		ĺ	
	Change in Ownership	Oil Dry Casinghead Gas Cone	Gas Liensate		- 1	
		Contract Cas Contract	densate		<u> </u>	
	If change of ownership give name and address of previous owner					
				· · · · · · · · · · · · · · · · · · ·		
II.	DESCRIPTION OF WELL AND	LEASE				
	CATO "D" GEALLAS	Well No. Pool Name, Including CATO Sum	Formation Kind of	Lease	No. No.	
	Location Category	l 2 CATO San	Undres State,	Federal or Fee JEd	2354427-4	
	Unit Letter G : /	980 Feet From The 10277 1	1000	F ~		
	5	reet from The YUK/H	ine andFeet	From TheAS/		
	Line of Section 23	ownship 6-5 Range	30-E, NMPM,	CHAUES	County	
					County	
Ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved come of this form in to be address.)					
	MOBIL Ou	or Condensate	Address (Give address to which	approved copy of this form is to b	e sent)	
}	Name of Authorized Transporter of Co	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)			
İ	•	0. 2., 345	Address (title address to which	approved copy of this form is to b	e sent)	
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected?	When		
Į	give location of tanks.	14 8 30		1		
1	f this production is commingled w	ith that from any other lease or pool		CTR 171	,———	
ا ۱۷.	COMPLETION DATA					
	Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover Deepe	en Plug Back Same Res'v.	Diff. Res'v.	
}	Date Spudded	Date Compl. Ready to Prod.	Total Depth	D D 77 D	<u> </u>	
	8-29-67	G - 9 - 607	275/	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	3727 Tubing Depth		
	4212 · RDB			3630		
	Perforations			Depth Casing Shoe		
-	3584-3624 W/ZJSPF 3751					
-	HOLE SIZE		D CEMENTING RECORD			
-	12'/1'	CASING & TUBING SIZE	DEPTH SET	SACKS CEMEN		
	778.	21/2"	3751'	200		
		7-12	5/5/	300 3	*	
Ĺ						
	TEST DATA AND REQUEST F		after recovery of total volume of load	doil and must be equal to or exce	ed top allow-	
	DIL WELL able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Mejhod (Flow, pump, gas lift, etc.)					
	0-6-67	9-9-67	Producing the mod (Prod., pamp, g	us tiji, etc.)		
-	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	24			_	-	
[Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF		
l_	348	14	274	NA		
	JAC WET V		· · · · · · · · · · · · · · · · · · ·			
_	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	·-·•	-	Community (Market)	G. Grassy on Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
L						
ı. c	ERTIFICATE OF COMPLIANCE		ON CONSERVATION COMMISSION			
		egulations of the Oil Conservation with and that the information given	APPROVED.	, 19 -		
		best of my knowledge and belief.	BY			
			TITLE			
O,	3-NMOCCH \			in compliance with RULE 110		
_	1- NSW (Signature)		If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation			
	1-08P)	AREA SUPERINTENDENT	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.			
_	1-08P 1-5USP (Till	le)				
	I-RRY	9-11-67	Fill out only Sections	Fill out only Sections I. H. III. and VI for changes of owner,		
	(Dai	-	well name or number, or transporter or other such change of condition.			

(Date)

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.

DEVIATION SURVEYS I DEPTH DEGREES

DEPTH	OFF
279	3/4
760	••
1135	1/2
1634	-
2136	3/4
2290	3/4
2586	1 -
3024	3/4
3286	1/4
3489	3/1
3673	1/2
375/	3/4

The above are true to the best of my knowledge.

AREA SUPERINTENIDENIE

Swarn to this date, September 11 th, 1967

My lommission Effices 6-18-68 Notary Public In & Don Lea Co. N.M.