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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 II

I. (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 CATO "A" Fed	Well No. 3	Pool Name, Including Formation CATO SAN ANDRES	Kind of Lease State, Federal or Fee FED	Lease No. NM-0177517
Location Unit Letter N ; 660 Feet From The SOUTH Line and 1980 Feet From The WEST				
Line of Section 15 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"/> MOBIL PIPELINE CORP	Address (Give address to which approved copy of this form is to be sent) 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 J	Sec. 14	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 - 171

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-17-67	Date Compl. Ready to Prod. 9-26-67	Total Depth 3618'		P.B.T.D. 3589'					
Elevations (DF, RKB, RT, GR, etc.) 4150' RDB.	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay 3439'		Tubing Depth 3550					
Perforations 3439-73, 3500-17, 20-22, 30-39, 42-46		Depth Casing Shoe 3618'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		319'		250			
7 7/8"		4 1/2"		3618'		300			

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)

Date First New Oil Run To Tanks 9-26-67	Date of Test 9-29-67	Producing Method (Flow, pump, gas lift, etc.) SWAB	
Length of Test 24	Tubing Pressure -	Casing Pressure 350	Choke Size OPEN
Actual Prod. During Test 103	Oil-Bbls. 63	Water-Bbls. 40 BLW	Gas-MCF 45

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.

01 3-NMOC-C-11  
1-NSW  
1-OBP  
1-SUSP  
1-RRY

(Signature)

AREA SUPERINTENDENT

(Title)

9-29-67

(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.

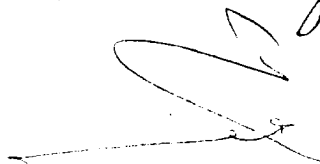
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply

DEVIATION SURVEYS

<u>DEPTH</u>	<u>DEGREES OFF</u>
319	$\frac{1}{2}$
775	$\frac{3}{4}$
1275	$\frac{1}{2}$
1924	$1 \frac{1}{2}$
2274	$\frac{3}{4}$
2560	$\frac{1}{2}$
2894	$\frac{1}{2}$
3194	$\frac{3}{4}$
3366	$\frac{1}{2}$
3586	$\frac{1}{2}$

*The above are true to the best of my knowledge.*



AREA SUPERINTENDENT

*Suorn to this date, September 29, 1965.*

*DR Moorhead*  
Notary Public In & For Lea Co. N. M.  
My Commission expires 6-18-68.