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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 IV

(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 "H"	Well No. 2	Pool Name, including Formation CATO SAN ANDRES	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter D	Feet From The 660	Line and NORTH	Feet From The 660	WEST
Line of Section 9	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. 17	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 - 169

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-24-67	Date Compl. Ready to Prod.	Total Depth 3384'	P.B.T.D. 3361'					
Elevations (DF, RKB, RT, GR, etc.) 4050' R.D.B.	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay 3262'	Tubing Depth 3320'					
Perforations 3262-74, 82-92, 3306-16 1/2ISPF	Depth Casing Shoe 3384'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 319'	SACKS CEMENT 250					
7 7/8"	4 1/2"	3384'	300					

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 10-3-67	Date of Test 10-4-67	Producing Method (Flow, pump, gas lift, etc.) Surab	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size Open
Actual Prod. During Test 112	Oil-Bbls. 6A	Water-Bbls. 43 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

I. 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-NMOC-14

1-NSU

1-DBP

1-SUSP

1-RRY

(Signature)

AREA SUPERINTENDENT

(Title)

10-4-67

(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	3/4
817	1/2
1720	1/2
1950	1/4
2438	1/2
2498	1/2
2850	1/4
2982	1/2
3277	1 1/4
3384	1 1/2

THE ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE.



AREA SUPERINTENDENT

SWORN TO THIS DATE, OCTOBER 4, 1967.



DR. Moorhead

NOTARY PUBLIC IN & FOR LEA Co. N. M.
MY COMMISSION EXPIRES 6-18-68.