NO. SP COPIES RECEIVED				
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PRORATION OFFICE				

(Date)

SANTA FE	REQUES	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11		
FILE		REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-1.  AND  Supersedes Old C-104 and C-1.  Effective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TI	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
	<del>-   -  </del>			
TRANSPORTER OIL			CATO 55 III	
OPERATOR GAS	- C Maniation S			
PROPATION OFFICE	- (Wertaubu S	urveys-Back	Aldl)	
Operator Operator		<u> </u>		
PAN AMERICAN PETROLEL	JM CORPORATION			
BOX 68, HOBBS, N. M.	000.40			
Reason(s) for filing (Check prop	88240 er box)	Other (Please explain)		
New Well	Change in Transporter of:	Office (F tease explain)		
Recompletion	OII Dry	Gas		
Change in Ownership	a · · a 🗇	densate		
If change of ammonths also				
If change of ownership give no and address of previous owner	ame		,	
II DESCRIPTION OF THE				
II. DESCRIPTION OF WELL	AND LEASE  Well No. Pool Name, Including			
CROSBY "B" FEA			- I lease iva.	
Location D JBU	teal 2 CATO San	Unares State, Fe	oderal or Fee JEd 0155494	
<b>D</b>	CCO No. 1			
Unit Letter B;	560 Feet From The NORTH_L	ine and $1980$ Feet F	rom The <u>East</u>	
Line of Section Q	Township 8-5 Range	20.5	-	
Cine of Section 3	Township 8-5 Range	30-E, NMPM, CR	aves County	
II. DESIGNATION OF TRANS	PORTER OF OIL AND NATURAL G	IAC		
Name of Authorized Transporter	of Oil Or Condensate	Address (Give address to which a	pproved copy of this form is to be sent)	
MOBIL PIPE L	<del></del>	D = 0 = 0	_	
Name of Authorized Transporter	of Casinghead Gas or Dry Gas	Address (Give address to which a	pproved copy of this form is to be sent)	
			pproved copy of this form is to be sent)	
If well produces oil or liquids.	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
give location of tanks.	G 10 8 30	No		
If this production is commingle	ed with that from any other lease or pool		077 170	
V. COMPLETION DATA		, give comminging order number:	<u>CTB- 170</u>	
Designate Type of Comp	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
•	X	X		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, e	10-20-67	⊥ 3431	3411	
Elevations (DF, RKB, RT, GR, e.		Top Oil/Gas Pay	Tubing Depth	
4060 RDR	DAN HNDRES	3216	3395`	
	2224 50 02 05 06		Depth Casing Shoe	
2410-2220, 2230	-3334 <i>,</i> 78-83, 87-92		3431	
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD		
12 1/4	8 5/8 "	DEPTH SET	SACKS CEMENT	
7 7/6"	4 '/2."	318	250	
	4 16	3431'	300	
V. TEST DATA AND REQUES	T FOR ALLOWARIE (Test Tiles he	for recovery of court water water		
OIL WELL	able for this di	epth or be for full 24 hours)	oil and must be equal to or exceed top allow-	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga.	s lift, etc.)	
10-20-67	10.25.67	Swafr		
Length of Teet	Tubing Pressure	Casing Pressure	Choke Size	
24			OPEN	
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF	
120	24	96 BLW	NA	
0.40 1075				
GAS WELL Actual Prod. Test-MCF/D	I analy a man			
Actual Prod. 1881-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back	Tubing Pressure (Shut-in)	Cooling December 4 5 5		
Tooling Months (1980)	, april Liesema (State-In )	Casing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COVI	. NOT			
. CERTIFICATE OF COMPLE	ANCE	OIL CONSER	VATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED, 19		
		, 19		
above is true and complete to	the best of my knowledge and belief.	87	and the second s	
2 Noncest				
3- NMOCC-H	<del></del> 2	TITLE		
1-NSW	<b>≯</b>	This form is to be filed i	n compliance with RULE 1104.	
1-08P			owable for a newly drilled or deepened	
1-505p	AREA SUPERINTENDENT	well, this form must be accom tests taken on the well in acc	panied by a tabulation of the deviation	
- •			must be filled out completely for allow-	
I-RRY	(Title)	able on new and recompleted	mails	

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.

## (DEVIATION SURVEYS)

DEPTH	_	DEGREES
318	~	1/2
833	-	1/2
1308	~	<u>3</u> 4
2052	-	3/4
2552	~	1 -
2649	-	1 /4
2941	^	3/4
3104	~	1/2
3325	-	3/4
3431	-	3/4

The above are true to the best of my knowledge.

Sworn Lothis date, October 27, 1967

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