

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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

(Deviation Surveys. Back Side)

CATO SS I

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	

I. DESCRIPTION OF WELL AND LEASE

Lease Name BASKETT "D"	Well No. 6	Pool Name, Including Formation CATO San Andres	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter B	660	Feet From The North	Line and 1980	Feet From The East
Line of Section 11	Township 8-5	Range 30-E	NMPM, CHAVES	County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> MOBIL PIPE LINE CO.	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 L	Sec. 11	Twp. 8	Rge. 30
	Is gas actually connected?		When	
	No			

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-162

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded 11-29-67	Date Compl. Ready to Prod. 12-8-67	Total Depth 3571'		P.B.T.D. 3551'					
Elevations (DF, RKB, RT, GR, etc.) 4158' R.D.B	Name of Producing Formation San Andres	Top Oil/Gas Pay 3426'		Tubing Depth 3546'					
Perforations 3426-33, 36-42, 52-60, 90-02, 3504-06, 09-12, 16-25, 32-42		TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe 3571'					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		290'		250			
7 7/8"		4 1/2"		3571'		300			

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 12-8-67	Date of Test 12-8-67	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 15	Tubing Pressure 25	Casing Pressure 300	Choke Size 32/64"
Actual Prod. During Test 370	Oil-Bbls. 345	Water-Bbls. 25 BLW	Gas-MCF 214

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

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.

3-NMOC-11 }  
1-NSIO }  
1-OBP }  
1-SUSP }  
1-RRV }  
(Signature) Area Sept  
(Title)  
(Date) 12-12-67

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 completed wells.

## Deviation Surveys

<u>DEPTH</u>	<u>DEGREES OFF</u>
290	1/2
772	1/4
1742	3/4
2118	1/2
2546	1 1/2
2809	1 1/2
3049	"
3257	2
3498	1 1/4

The above are true to the best of my knowledge.

\_\_\_\_\_  
AREA SUPERINTENDENT

Sworn to this date, December 12, 1967.

\_\_\_\_\_  
B. E. Marshard  
Notary Public In & For Lea Co. N.M.  
My Commission Expires 6-18-68