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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

(DEVIATION SURVEYS - BACK SIDE)

CATO SS III

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 ABKO Federal	Well No. 4	Pool Name, Including Formation CATO Sam Anares	Kind of Lease State, Federal or Fee Federal	Lease No. NM 0403706
Location				
Unit Letter B	660	Feet From The NORTH	Line and 1980'	Feet From The EAST
Line of Section 10	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 PIPE LINE 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 6	Sec. 11
	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-162

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11-22-67	Date Compl. Ready to Prod. 12-1-67	Total Depth 3440'	P.B.T.D. 3412'					
Elevations (DF, RKB, RT, GR, etc.) 4088' RDB	Name of Producing Formation Sam Anares	Top Oil/Gas Pay	Tubing Depth 3402					
Perforations 3292-96, 3304-13, 16-25, 60-76	Depth Casing Shoe 3440'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 298'	SACKS CEMENT 250					
7 7/8"	4 1/2"	3440'	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 12-1-67	Date of Test 12-3-67	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 24	Tubing Pressure -	Casing Pressure 200	Choke Size Open
Actual Prod. During Test 96	Oil-Bbls. 59	Water-Bbls. 37 BLW	Gas-MCF NA

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.

3-XMOCL-N
1-4510
1-08P
1-505P
1-224

(Signature)
Area Supr
(Title)
12-5-67
(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 completed wells.

DEVIATION SURVEYS

DEPTH	DEGREES OFF
298	1/2
779	3/4
1499	1/2
2188	3/4
2603	"
2860	"
3089	1/2
3231	"
3442	3/4

The above are true to the best of my knowledge.



Sworn to this date, December 5, 1967.

Barbara Sue Hunter

Notary Public In & For Lea Co. N.M.
My Commission Expires ~~6-18-68~~ 2-5-70