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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

(DEVIATION SURVEYS- BACKSIDE)

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		UNDESIGNATED Cato San Andres	
Lease Name WOODMAN Federal	Well No. 1	Pool Name, Including Formation CATO San Andres	Kind of Lease State, Federal or Fee Fed
Location		Lease No. NM-034632-A	
Unit Letter P ; 660 Feet From The SOUTH Line and 660 Feet From The EAST			
Line of Section 21 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"/> MOBILE 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 P	Sec. 21	Twp. 8
		Pge. 30	Is gas actually connected? N/O

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

V. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" 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 12-19-67	Date Compl. Ready to Prod. 1-1-68	Total Depth 3596'	P.B.T.D. 3483'
Elevations (DF, RKB, RT, GR, etc.) 4145' RDB	Name of Producing Formation San Andres	Top Oil/Gas Pay 3434'	Tubing Depth 3470 APPX
Perforations 3434-68 w/21SPF	Depth Casing Shoe 3596'		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 12 1/4" 7 7/8"	CASING & TUBING SIZE 8 5/8" 4 1/2" 2 3/8"	DEPTH SET 300' 3596'	SACKS CEMENT 250 5x-Cmc 300 5x

VI. 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 1-4-68	Date of Test 1-6-68	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 129	Oil-Bbls. 46	Water-Bbls. 83	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

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
		BY J. L. Ramsey	
		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	
0+3 NMOCC-14 1-NSW 1-OBP 1-SUPP (Signature) _____ AREA SUPERINTENDENT (Title) _____ (Date) 1-9-67			

DEVIATION SURVEYS

<u>DEPTH</u>	<u>DEGREES OFF</u>
300	1/2
800	3/4
1300	"
1800	1/2
2018	1-
2560	3/4
2837	1/4
3107	3/4
3317	3/4
3480	1/2

The above are true to the best of my knowledge.


AREA SUPERINTENDENT

Sworn to this date, January 9, 1967.

DR Mearns
Notary Public In & For Lea Co. NM
My Commission Expires 6-18-68

AREA SUPERINTENDENT