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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 - BACK SIDE)

CATO STORAGE SYSTEM II

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): NAME CHANGED: FROM: PAN AMERICAN PETR. CORP. TO: AMOCO PRODUCTION CO. EFFECTIVE: 2-1-71	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name CATO "C" Federal	Well No. 4	Pool Name, Including Formation CATO San Andres	Kind of Lease State, Federal or Fee Fed	Lease No. NM- 0444628
Location				
Unit Letter P ; 660 Feet From The SOUTH Line and 660 Feet From The EAST				
Line of Section 14 Township 8-S Range 30-E , NMPM, CHAUES 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CITIES SERVICE OIL CO.	Address (Give address to which approved copy of this form is to be sent) BARTLESVILLE, OKLA			
If well produces oil or liquids, give location of tanks.	Unit ✓	Sec. 14	Twp. 8	Rge. 30
	Is gas actually connected?		When YES 5-28-69	

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-171

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 5-14-69	Date Compl. Ready to Prod. 5-27-69		Total Depth 3618'		P.B.T.D. 3614'			
Elevations (DF, RKB, RT, GR, etc.) 4187' RDB	Name of Producing Formation San Andres		Top Oil/Gas Pay 3555'		Tubing Depth 3606'			
Perforations 3555'-3600' w/ 2 1/2" SPF					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 290'		SACKS CEMENT 250			
7 7/8"	4 1/2"		3618'		350			

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 5-27-69	Date of Test 5-28-69	Producing Method (Flow, pump, gas lift, etc.) Swabbing	
Length of Test 13	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 195	Oil-Bbls. 98	Water-Bbls. 97	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.

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.

04 4- NMOC-H
1-NSW

1-SUSD
1-RRY

(Signature)

(Title)

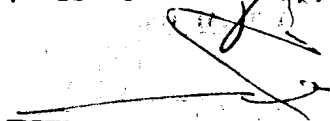
MAY 28 1969

(Date)

DEVIATION SURVEYS

<u>DEPTH</u>	<u>DEGREES OFF</u>
291	$\frac{3}{4}$
750	$\frac{1}{2}$
1250	"
1750	$\frac{3}{4}$
2308	$1\frac{1}{4}$
2822	"
2914	"
3212	$\frac{1}{2}$

The above are true to the best of my knowledge.



Sworn to this date, May 29, 1969.

Dr. J. Moorhead
Notary Public in & for the State of Texas
My Commission Expires 6-18-72