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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE O. C.  
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		NAME CHANGED: FROM: PAN AMERICAN PETR. CORP. TO: AMOCO PRODUCTION CO. EFFECTIVE: 2-1-71	
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

Lease Name BASKETT D	Well No. 8	Pool Name, including Formation CATO-SAN ANDRES	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter H	1650	Feet From The NORTH	Line and 990	Feet From The EAST
Line of Section 11	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 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 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 L	Sec. 11	Twp. 8	Rge. 30
			Is gas actually connected?	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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-10-69	Date Compl. Ready to Prod. 6-22-69	Total Depth 3642	P.B.T.D. 3638					
Elevations (DF, RKB, RT, CR, etc.) 4179 RDB	Name of Producing Formation SAN ANDRES	Top Oil/Gas Pay 3488	Tubing Depth 3495					
Perforations 3488-97, 3500-04, 06-10, 12-17, 20-26, 62-76, 82-92, 96-98			Depth Casing/Shoe 3642					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 320		SACKS CEMENT 250			
7 7/8"	4 1/2"		3642		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 6-22-69	Date of Test 6-24-69	Producing Method (Flow, pump, gas lift, etc.) Swab & Flow	
Length of Test 22	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 153	Oil-Bbls. 95	Water-Bbls. 34BLW x 24 BNW	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.

014-NMOCC-W  
1-NEW  
1-OBP  
1-SUSP  
1-RRY

(Signature)  
Crea Emgr

(Title)

JUL 24 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Real Emgr  
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</u> <u>OFF</u>
320	$\frac{1}{2}$
850	$\frac{3}{4}$
1355	1-
1854	1-
2311	$\frac{1}{4}$
2832	$\frac{1}{2}$
2920	$1\frac{1}{2}$
3280	$1\frac{3}{4}$
3507	"

The above are true to the best of my knowledge.

James S. [unclear]

Sworn to this date, June 24, 1969.

LR Moorhead  
Notary Public In & For Lea Co. N.M.  
My Commission Expires 6-18-72