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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
(CATO SS-II)
(DEVIATION SURVEYS. BACK SIDE)

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain): 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 D FEDERAL	Well No. 3	Pool Name, Including Formation CATO San Andres	Kind of Lease State, Federal or Fee Fed	Lease No.
Location Unit Letter A 330 Feet From The NORTH Line and 990 Feet From The EAST Line of Section 23 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 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 U	Sec. 14	Twp. 8	Rge. 30	Is gas actually connected? YES	When

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 <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 6-2-69	Date Compl. Ready to Prod. 6-12-69	Total Depth 3631'	P.B.T.D. 3630'					
Elevations (DF, RKB, RT, GR, etc.) 4197' RDB	Name of Producing Formation San Andres	Top Oil/Gas Pay 3562'	Tubing Depth 3627'					
Perforations 3562-3615'	Depth Casing Shoe 3631'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4" 7 7/8"	CASING & TUBING SIZE 8 3/8" 4 1/2"		DEPTH SET 320 3631		SACKS CEMENT 250 350			

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 7-15-69	Producing Method (Flow, pump, gas lift, etc.) Drip.	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 128	Oil - Bbls. 4	Water - Bbls. 124	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

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.

24 4- NMOC-14

1- NSW

1- OBP

1- SSSD

1- RRY

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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
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320	-	1
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2189	-	1°
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2692	-	- 3/4
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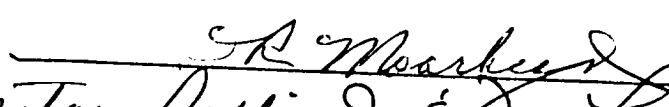
3170	-	1-
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3428	-	3/4
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The above are true to the best of my knowledge.



Sworn to this date, June 16, 1969


Notary Public in & for the State of Ohio
My Commission Expires 6-18-72