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TRANSPORTER — OIL	/	
TRANSPORTER — GAS	/	
OPERATOR	/	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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MAR 8 1977

O. C. C.
ARTESIA. OFFICE

I.
Operator

Aminoil USA, Inc.

Address

600 Western United Life Bldg., Midland, Texas 79701

Reason(s) for filing *(Check proper box)*   *Designate*

		Transporter of:			Other *(Please explain)*
New Well	[X]				
Recompletion	[ ]	Oil [ ]	Dry Gas [ ]		
Change in Ownership	[ ]	Casinghead Gas [ ]	Condensate [X]		

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease — State, Federal or Fee	Lease No.
Willow Lake Unit	1	Willow Lake Atoka	Federal	NM20360

Location

Unit Letter __C__ ; __660__ Feet From The __North__ Line and __1980__ Feet From The __West__

Line of Section __22__ Township __24S__ Range __28E__ , NMPM, __Eddy__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address *(Give address to which approved copy of this form is to be sent)*
The Permian Corporation	P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	22	24	28	Yes	11-4-76

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

IV. COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3-17-75	1-16-76	13,205	12,023

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3015 GR	Atoka	11,680	11,485

Perforations	Depth Casing Shoe
	13,205

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8 - 54.5#	633	600 sks. - Circ.
12 1/4	9 5/8 - 47#	9,825	4500 sks. - Circ.
8 1/2	7 5/8 - 33.7#	11,725	1250 sks.
	2 3/8	11,485	

V. TEST DATA AND REQUEST FOR ALLOWABLE
(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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
5017 MCF/D	12 hrs.	---	---
Testing Method *(pitot, back pr.)*	Tubing Pressure **(Shut-in)**	Casing Pressure **(Shut-in)**	Choke Size
Back pressure	7237	---	---

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.

R.E. Stauffer   *(Signature)*

Sr. Drilling Engineer   *(Title)*

3-7-77   *(Date)*

OIL CONSERVATION COMMISSION

MAR 8 1977

APPROVED _____ , 19____

BY _____

TITLE __SUPERVISOR, DISTRICT II__

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