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Form C-105
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
E-794

17. TYPE OF WELL
OIL WELL GAS WELL DRY OTHER _____

b. TYPE OF COMPLETION
NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RESVR. OTHER _____

7. Unit Agreement Name

8. Farm or Lease Name
Yates-State

2. Name of Operator
K. K. Amini

3. Address of Operator
P. O. Drawer 3068, Midland, Texas 79701

9. Well No.
1

10. Field and Pool, or Wildcat
North Vacuum Abo

4. Location of Well
UNIT LETTER **P** LOCATED **660** FEET FROM THE **South** LINE AND **460** FEET FROM THE **East** LINE OF SEC. **9** TWP. **17S** RGE. **34E** NMPM

12. County
Lea

15. Date Spudded **10/1/75** 16. Date T.D. Reached **10/29/75** 17. Date Compl. (Ready to Prod.) **12/1/75** 18. Elevations (DF, RKB, RT, GR, etc.) **4066' GL** 19. Elev. Casinghead

20. Total Depth **9044'** 21. Plug Back T.D. _____ 22. If Multiple Compl., How Many _____ 23. Intervals Drilled By Rotary Tools Cable Tools _____

24. Producing Interval(s), of this completion - Top, Bottom, Name
8826.5' - 8858'

25. Was Directional Survey Made
No

26. Type Electric and Other Logs Run
Sidewall Neutron Porosity Log

27. Was Well Cored
No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	1690'	12 1/4"	860	-0-
4 1/2"	10.5# & 11.6#	9036'	7 7/8"	800	-0-

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2 3/8"	8814	

31. Perforation Record (Interval, size and number)
14 shots Select Fire .42
8826.5, 8831, 8832, 8833, 8840.5, 8841, 8842, 8843, 8853, 8854, 8855, 8856, 8857, 8858

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
8826.5' - 8858'	20,000 gals. acid

33. PRODUCTION

Date First Production **12/1/75** Production Method (Flowing, gas lift, pumping - Size and type pump) **Pumping 2"x1 1/4" x 18' RHBC** Well Status (Prod. or Shut-in) **Producing**


Date of Test **12/2/75** Hours Tested **24** Choke Size _____ Prod'n. For Test Period **60** Oil - Bbl. **51** Gas - MCF **51** Water - Bbl. **TSM** Gas - Oil Ratio **850-1**

Flow Tubing Press. _____ Casing Pressure **34** Calculated 24-Hour Rate **60** Oil - Bbl. **51** Gas - MCF **51** Water - Bbl. **TSM** Oil Gravity - API (Corr.) **35**

34. Disposition of Gas (Sold, used for fuel, vented, etc.) **Vented** Test Witnessed By **Joel Lawhorn**

35. List of Attachments
Sidewall Neutron Porosity Log

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED  TITLE **Comptroller** DATE **12/3/75**

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devorian _____	T. Menefee _____	T. Madison _____
T. Queen _____	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzte _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinebry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo <u>8826.5'</u>	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
8826.5	8858	14	Abo				

REQUEST FOR ALLOWABLE
AND

Form OCS-4
Supersedes OCS-104 and O-1
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
K. K. Amini

Address
P. O. Drawer 3068, Midland, Texas 79701

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
CASINGHEAD GAS MUST NOT BE FLAKED AFTER 2/1/76 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

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

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. **R-5162**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Yates-State	Well No. 1	Pool Name, including Formation North Vacuum Abo	Kind of Lease State, Federal or Fee State	Lease No. E-794
Location Unit Letter P ; 660 Feet From The South Line and 460 Feet From The East				
Line of Section 9 Township 17S Range 34E , NMPM, Lea 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas 79701			
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. 9	Twp. 17S	Rge. 34E
	Is gas actually connected?		When	
	No			

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10/1/75	Date Compl. Ready to Prod. 12/1/75		Total Depth 9044'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 4066' GL	Name of Producing Formation Abo		Top Oil/Gas Pay 8826.5'		Tubing Depth 8814'			
Perforations 8826.5' - 8858'		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		1690'		860			
7 7/8"	4 1/2"		9036'		800			
	2 3/8"		8814'					

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)

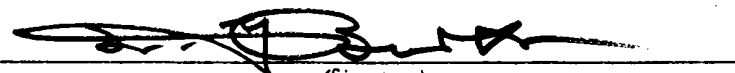
Date First New Oil Run To Tanks 12/1/75	Date of Test 12/2/75	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure 34	Choke Size
Actual Prod. During Test 60	Oil-Bbls. 60	Water-Bbls. TSM	Gas-MCF 51

GAS WELL

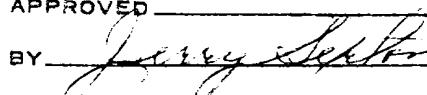
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Comptroller
(Title)
12/3/75
(Date)

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.

DEVIATION REPORT

Yates - State No. 1
Section 9, T17S, R34E
Lea County, New Mexico

<u>DEPTH</u>	<u>DEVIATION</u>
2196'	1°
2715'	1°
4345'	1 1/2°
6050'	4 1/4°
6192'	4 1/4°
6275'	4 1/4°
6435'	4 1/4°
6540'	4 1/2°
6635'	5°
6720'	4 1/2°
6782'	4 1/2°
6878'	4 1/2°
7005'	3 1/4°
7100'	3°
7194'	2 3/4°
7649'	3°
8076'	2 3/4°
9033'	3°

K. K. AMINI



By: W. Glenn Burton
Comptroller

STATE OF TEXAS
COUNTY OF MIDLAND

The foregoing instrument was acknowledged before me this 3rd day of
December, 1975, by W. Glenn Burton on behalf of
K. K. Amini.

My Commission Expires
September 10, 1977

Pauline Stover
Notary Public in and for
Midland County, Texas
PAULINE STOVER — Notary Public
In and for Midland County, Texas
My Commission Expires Sept. 10, 1977