

NEW MEXICO OIL CONSERVATION COMMISSION
**REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form O-101
 Supersedes Old O-101 and O-110
 Effective 1-1-65

DATE	
TIME	
OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. OPERATOR
 Operator: K. K. Amini
 Address: P. O. Drawer 3068, Midland, Texas 79701

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other **CASINGHEAD GAS MUST NOT BE
 FLARED AFTER 9/16/75
 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-5102

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Cities Service-State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Norht Vacuum Abo</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E-754</u>
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>460</u> Feet From The <u>East</u> Line of Section <u>2</u> Township <u>17S</u> Range <u>34E</u> , NMPM, <u>Lea</u> 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"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 3119, Midland, Texas 79701</u>			
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 <u>P</u>	Sec. <u>2</u>	Twp. <u>17S</u>	Rge. <u>34E</u>
	Is gas actually connected?		When	
	<u>No</u>			

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 <u>5/24/75</u>	Date Compl. Ready to Prod. <u>7/19/75</u>		Total Depth <u>8720'</u>	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) <u>4083.3' G.L.</u>	Name of Producing Formation <u>Abo</u>		Top Oil/Gas Pay <u>8617' - 8639'</u>	Tubing Depth <u>8659'</u>				
Perforations <u>8617 - 8639'</u>			Depth Casing Shoes					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>11"</u>	<u>8-5/8"</u>	<u>1761'</u>	<u>1350</u>
<u>7-7/8"</u>	<u>4-1/2"</u>	<u>8718'</u>	<u>700</u>
	<u>2-3/8"</u>	<u>8659'</u>	

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 <u>7/16/75</u>	Date of Test <u>7/18/75</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hours</u>	Tubing Pressure	Casing Pressure <u>30</u>	Choke Size
Actual Prod. During Test <u>120</u>	Oil-Bbls. <u>120</u>	Water-Bbls.	Gas-MCF <u>150</u>

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.

[Signature]
 (Signature)
Comptroller
 (Title)
July 22, 1975
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY John W. Runyan
 TITLE COMPTROLLER

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.