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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 C-110
Effective 1-1-65

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NOV 24 1976

I. Operator Aminoil USA, Inc. **O.C.C.**
Address 600 Western United Life Bldg., Midland, Texas 79701 **ARTESIA, OFFICE**
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Oil ☐ Condensate ☐
Change in Ownership ☐ Casinghead Gas ☐ Add C1 EPG

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Willow Lake Unit</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Willow Lake Atoka Gas</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM20360</u>
Location Unit Letter <u>C</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>22</u> Township <u>24S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<u>El Paso Natural Gas Co.</u>	<u>600 Building of the Southwest, Midland, Tx. 79701</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>1</u>	Sec. <u>24</u>
	Twp. <u>28E</u>	Rge. <u>28E</u>
	Is gas actually connected?	When
	<u>Yes</u>	<u>11-4-76</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>3-17-75</u>	Date Compl. Ready to Prod. <u>1-16-76</u>	Total Depth <u>13,205</u>	P.B.T.D. <u>12,023</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3015 GR</u>	Name of Producing Formation <u>Atoka</u>	Top Oil/Gas Pay <u>11,680</u>	Tubing Depth <u>11,485</u>					
Perforations <u>11680-11700 1 hole every 2 ft. (10 holes)</u>			Depth Casing Shoe <u>13,205</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2</u>	<u>13 3/8 - 54.5#</u>		<u>633</u>		<u>600 sks. - Circ.</u>			
<u>12 1/4</u>	<u>9 5/8 - 47#</u>		<u>9825</u>		<u>4500 sks. - Circ.</u>			
<u>8 1/2</u>	<u>7 5/8 - 33.7#</u>		<u>11725</u>		<u>1250 sks.</u>			
	<u>2 3/8</u>		<u>11485</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 ----	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 <u>5017 MCF/D</u>	Length of Test <u>12 hrs.</u>	Bbls. Condensate/MMCF ----	Gravity of Condensate ----
Testing Method (pitot, back pr.) <u>Back pressure</u>	Tubing Pressure (Shut-in) <u>7237</u>	Casing Pressure (Shut-in) <u>-0-</u>	Choke Size <u>1.750 orifice</u>

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.

Robert E. Stauffer
(Signature)

Sr. Drilling Engineer
(Title)

11-16-76
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 29 1976, 19

BY N. A. Gussert
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 completed wells.