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LAND OFFICE		
TRANSPORTER — OIL	/	
TRANSPORTER — GAS	/	
OPERATOR	/	
PRORATION OFFICE		

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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DEC 11 1978

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)*

New Well ☐
Recompletion ☒
Change in Ownership ☐

Change in Transporter of:
Oil ☐
Casinghead Gas ☐

Dry Gas ☐
Condensate ☐

Other *(Please explain)*

If change of ownership give name and address of previous owner _____ R-5988

II. DESCRIPTION OF WELL AND LEASE Malaga-Atoka Gas

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
CNB Com.	1	~~Wildcat~~ ~~Malaga Atoka~~	Fee	

Location

Unit Letter __L__ ; __1780__ Feet From The __south__ Line and __660__ Feet From The __west__

Line of Section __11__ Township __24-S__ Range __28-E__ , NMPM, __Eddy__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address *(Give address to which approved copy of this form is to be sent)*
El Paso Natural Gas Co.	P. O. Box 1384, Jal, N.M. 88252

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When 11-27-78
	L	11	24-S	28-E	Yes	~~12-11-78~~

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		X		X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-23-76	12-4-78	12,835'	11,978'

Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
2996' GR	Atoka	11,720'	11,422'

Perforations	Depth Casing Shoe
11,720' - 11,728'	12,835'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	9925'	3100
8-1/2"	7-5/8"	9615 - 11,786'	350
6-1/2"	5"	11,402' - 12,835'	250
	2-7/8"	11,422'	

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
983	1 hour	0	---
Testing Method *(pitot, back pr.)*	Tubing Pressure *(Shut-in)*	Casing Pressure *(Shut-in)*	Choke Size
Back Pressure	3690	0	9/64

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.G. Luckett *(Signature)* R. G. Luckett

Engineering Assistant *(Title)*

December 8, 1978 *(Date)*

OIL CONSERVATION COMMISSION

APPROVED _____ DEC 12 1978 _____, 19____

BY _____ W.A. Grossett

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 such other change of condition.

Separate Forms C-104 must be filed for each pool in multiply