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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

DEC 24 1980

I. Operator O. C. D.
Aminoil USA Inc. ARTESIA, OFFICE
Address 601 N. Loraine, Midland, Texas 79702
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

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	Lease No.
<u>Vasquez Comm.</u>	<u>1</u>	<u>Malaga, Atoka</u>	State, Federal or Fee <u>Fee</u>	
Location				
Unit Letter <u>F</u>	<u>2310</u>	Feet From The <u>North</u> Line and <u>1925</u>	Feet From The <u>West</u>	
Line of Section <u>3</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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>N/A</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)					
<u>El Paso Natural Gas</u>						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>F</u>	<u>3</u>	<u>24S</u>	<u>28E</u>	<u>No Yes</u>	<u>12-19-80</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.
		<u>X</u>						
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
<u>5-18-80</u>	<u>11-22-80</u>		<u>12,746'</u>		<u>11,743'</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
<u>3018.6' GR</u>	<u>Atoka</u>		<u>11,617'</u>		<u>11,515'</u>			
Perforations				Depth Casing Shoe				
<u>11,617'; 11,622 - 32';</u>		<u>24 - 33" Diameter Holes</u>						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>26"</u>	<u>20"</u>		<u>430'</u>		<u>865 sx</u>			
<u>17 1/2"</u>	<u>13 3/8"</u>		<u>2509'</u>		<u>2440 sx</u>			
<u>12 1/4"</u>	<u>9 5/8"</u>		<u>9860'</u>		<u>2960 sx</u>			
<u>See Attachment</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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>2,559</u>	<u>3.5 hr.</u>	<u>N/A</u>	<u>N/A</u>
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>Multipoint Bk. Prs.</u>	<u>2060</u>	<u>---</u>	<u>Various</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.

Gerry L. Harper
(Signature)

Operations Superintendent
(Title)

December 19, 1980
(Date)

APPROVED DEC 31 1980, 19

BY

Mike Williams
TITLE OIL AND GAS INSPECTOR

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 all wells 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 conditions.

Separate Forms C-104 must be filed for each pool in multiple completed wells.