

## OIL CONSERVATION DIVISION

P. O. BOX 208

SANTA FE, NEW MEXICO 87501

MAY 4 1984

REQUEST FOR ALLOWABLE O.E.C. D.  
AND  
ARTESIA, OFFICE  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.B.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATION	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

Operator  
Ammex Petroleum, Inc. ✓Address  
Box 10507 Midland, TX 79702

Reason(s) for filing (Check proper box)

☐ New Well  
☐ Recompletion  
☐ Change in Ownership

Change in Transporter of:

☐ Oil  
☒ Dry Gas  
☐ Casinghead Gas  
☐ Condensate

Other (Please explain)

Effective date of Change of Transporter  
4/1/84.

CASINGHEAD GAS (MUST NOT BE ✓

FILED AFTER 7-4-84

SEEKS AN EXCEPTION TO:

RULE 306 IS OBTAINED EX # 2-36 - 11-20-84

Kind of Lease  
Ex # 2-645-5-19-85  
State, Federal or Fee Fee

Lease No.

EX # 2-711 11-15-85

## I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Kim	1	South Loving-Delaware	Ex # 2-645-5-19-85 State, Federal or Fee Fee	
Location				
Unit Letter	C	330	Feet From The North Line and 1650	Feet From The West
Line of Section	21	T. wship	23S	Range 28E
				NMPM, Eddy County

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Koch Oil Company of Texas, Inc.	Box 1558 Breckenridge, TX 76024					
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)					
none						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	21	23S	28E	no	Upon letting Contract

If this production is commingled with that from any other lease or pool, give commingling order number:

## III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

## IV. 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)

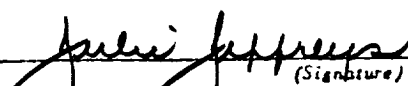
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

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

## V. CERTIFICATE OF COMPLIANCE

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



Operations Clerk

(Title)

5/1/84

(Date)

## OIL CONSERVATION DIVISION

MAY 0 4 1984

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_

Original Signed By

Lester A. Clements

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 deviate 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 multi-completed wells.