Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Energy, Minerals and Natural Resources Department

P.O. Box 2088 8

Form C-104 Revised 1-1-89 See Instructions C at Bottom of Page

JAN 1 7 1992

OIL CONSERVATION DIVISION

Santa Fe, New Mexico	87504-208				

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		anta Fe, New M	Mexico 875	04-2088		JANI '			
I.	REQUEST F	OR ALLOWA ANSPORT O				O. C.	u. Verico		
Operator	10 111	, OHIO	IL AND INA	TONAL G		API No.			
DINERO OPERATI Address	NG COMPANY				3	0-015-26	5771		
P. O. Box 10505	o, Midland,	Texas 79	9702						
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name	Change in Oil Casinghead Gas	n Transporter of: Dry Gas Condensate	TRAI 550	BARRELS	SELL SOF T	APPROXI EST OIL. RODUCTIV		,Y	
and address of previous operator									
II. DESCRIPTION OF WELL Lease Name		Pool Name, Inclu			1 20: -				
Aminoil Federal	2	Wildcat	-	are)	l l	of Lease Federal or Fee	T .	ease No. 556542	
Unit LetterI	. 990	Feet From The	East Lin	e and231	LOF	eet From The	South	Line	
Section 22 Townsh	ip 24 South	Range 28 Ea		мрм,	Eddy			County	
III DESIGNATION OF TRAI	NCDODTED OF O	TY AND NIATOR	IIDAN GAG						
III. DESIGNATION OF TRAN	or Conde			e address to wh	ich approved	d copy of this form	m is to be se	ent)	
Pride Pipeline Co	ompany		P.O.B	ox 2436,	Abil	ene, Tex	as 79	604	
Name of Authorized Transporter of Casir	nghead Gas	or Dry Gas	Address (Giv	e address to wh	ich approved	copy of this form	n is to be se	ent)	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge	. Is gas actuall	Is gas actually connected? When ?					
If this production is commingled with that		4	ling order numl	per:					
IV. COMPLETION DATA	lo:t w.u	I C. W.	1 37 37 37	······		(
Designate Type of Completion	- (X) Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	ime Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth			P.B.T.D.			
6 / 24 / 91 Elevations (DF, RKB, RT, GR, etc.)	P&A Name of Producing Formation		6195 ' Top Oil/Gas Pay			6030'			
2966.9 GR	N/A	omation	N/A	-		Tubing Depth			
Perforations			1			Depth Casing S	shoe		
	TUDDIC	G. Chica in the	CEN CONTEN						
HOLE SIZE	CASING & TU	CASING AND	CEMENTI	DEPTH SET)	CAL	CKE CEM	CAIT	
12 1/4"	8 5/8"			548'		SACKS CEMENT 455			
7 7/8"	5 1/2"			6915'		1525			
						1020			
V TEST DATA AND DEOLIE	ECD ALLOW	NDI E							
V. TEST DATA AND REQUES OIL WELL (Test must be after to	recovery of total volume	•	the equal to or	exceed ton allow	unhle for this	e denth or he for	6.// 2.4 hour	ra)	
Date First New Oil Run To Tank	Date of Test	oy road on and miss		thod (Flow, pun			juii 24 nour	3.)	
N/A	N/a								
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF			
GAS WELL			<u> </u>			<u> </u>			
Actual Prod. Test - MCF/D	Length of Test	· · · · · · · · · · · · · · · · · · ·	Bbls. Condens	ate/MMCF		Gravity of Con-	densale		
N/A						,			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF COMP	LIANCE	1			<u> </u>			
I hereby certify that the rules and regul				IL CON	SERVA	ATION DI	IVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						JAN 2 7 1992			
			Date	Approved		VAN & (1992		
- Commence	<u> </u>			Λ٥	ICINIAL 4	SIGNED DV			
Signature			By	By ORIGINAL SIGNED BY MIKE WILLIAMS					
Charlie Williams Production Supt. Printed Name Title			1.1	Title SUPERVISOR, DISTRICT:					
<u>January 16, 1992</u>	915/	684-5544	Intie_	·····				<u> </u>	
Date	Telep	phone No.	11						

- INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.