

OIL CONSERVATION DIVISION  
 P. O. BOX 2088  
 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator  
Amerind Oil Co.  
 Address  
500 Wilco Building, Midland, Texas 79701  
 Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Costinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_  
 THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE. 2/1-85

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Speight</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Northeast Lovington Penn R-7800</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>510</u> Feet From The <u>West</u> Line of Section <u>28</u> Township <u>16S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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"/> <u>Texas-New Mexico Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2528, Hobbs, NM 88240</u>					
Name of Authorized Transporter of Costinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, Texas 79762</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>28</u>	Twp. <u>16S</u>	Rge. <u>37E</u>	Is gas actually connected? <u>yes</u>	When <u>10/17/84</u>

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil well <input checked="" type="checkbox"/>	Gas well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Some Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded <u>8/18/84</u>	Date Compl. Ready to Prod. <u>9/26/84</u>		Total Depth <u>11,500</u>		P.B.T.D. <u>11,452</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3802' GL, 3816' KB</u>	Name of Producing Formation <u>Strawn</u>		Top Oil/Gas Pay <u>11,312</u>		Tubing Depth <u>11,164</u>			
Perforations <u>11,312 - 11,366</u>					Depth Casing Shoe <u>11,494</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2"</u>	<u>13 3/8"</u>		<u>379</u>		<u>520 sx Cls C</u>			
<u>11"</u>	<u>8 5/8"</u>		<u>4,200</u>		<u>1900 sx Cls C</u>			
<u>7 7/8"</u>	<u>5 1/2"</u>		<u>10,494</u>		<u>300 sx Cls H</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 <u>9/27/84</u>	Date of Test <u>10/23/84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>80 psi</u>	Casing Pressure <u>(pkr)</u>	Choke Size <u>40/64"</u>
Actual Prod. During Test	Oil-Ebbls. <u>311</u>	Water-Ebbls. <u>2</u>	Gas-MCF <u>370</u>

GAS WELL

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

VI. 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.

Robert C. Leibrock  
 (Signature) Vice President

October 25, 1984  
 (Date)

OIL CONSERVATION DIVISION

APPROVED OCT 30 1984, 19  
Eddie W. Seay  
 BY Oil & Gas Inspector

TITLE \_\_\_\_\_  
 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 O-104 must be filed for each pool in multiple completed wells.