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SANTA FE		1	
FILE			1/
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		Ĺ	
PRORATION OFFICE			
Operator			

	SANTA FE.		CONSERVATION COMMISSION T FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRA	AND						
	LAND OFFICE	AUTHORIZATION TO TRA	NSPURT OIL AND N	ATURAL GAS					
	OIL								
	TRANSPORTER GAS								
	OPERATOR /								
1.	PRORATION OFFICE								
	Operator								
	AMINOIL USA, IN	C. /							
	Address								
	601 N. Loraine, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain)								
	Reason(s) for filing (Check proper box) New We!!	Change in Transporter of:	Other (Please	explain)					
	New Well Recompletion	Oil Dry Gas							
	Change in Ownership	Casinghead Gas Conden							
	If change of ownership give name and address of previous owner		,						
Ħ.	DESCRIPTION OF WELL AND L	EASE Well No. Pso. Name, Instading Fo	ormation	Kind of Lease	jease No.				
	Kirkes		alaga Morrow	State, Federal or Fee	Fee 2210				
	Unit Letter J 208	O Feet From The south Line	e and1773	Feet From The	East				
	Line of Section 10 Town	aship 24 south Range 28	east , NMPM		Eddy County				
	DESCRIPTION OF THANKROPT	ED OF OH AND NATURAL CA	5						
111.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil		Address (Give address t	o which approved copy o	of this form is to be sent)				
	Name of Authorized Transporter of Casi	nghead Gas or Dry Gas 🛣	Address (Give address t	o which approved copy o	of this form is to be sent)				
	El Paso Natural Gas C	o .	P.O. Box 1384	Jal, N. M. 88	3252				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connecte	d? When /c-	15-80				
	give location of tanks.	J 10 245 28E	yes	11=	24-80				
	If this production is commingled with	that from any other lease or pool,	give commingling order	number:					
	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug Bo	ack Same Res'v. Diff, Res'v.				
	Designate Type of Completion	n - (X)	1	Deepen Flag Do	ick Same les V. Diff. Nes V.				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.I					
	4-28-80	8-27-8 D	12,800'		12,700'				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O.1/Gas Pay	Tubing					
	3003 GR	Morrow	12,2911 /2	3/2	12,230'				
	Perforations			Depth (Depth Casing Shoe				
	12,312' - 12,657'								
		TUBING, CASING, AND							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	T	SACKS CEMENT				
	26 " 17 ½"	20"	400¹ 2509¹		575 2440				
	12 ½"	13 3/8" 9 5/8"	9830'		2840*				
		on on Attached Sheet Lin		98	435				
4 ,	THE DATE AND REQUEST FO	OR ALLOWARIE (Tax Tax Tax	tear rachitate di horal della	he of and one must					
₩.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total total 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 (Flou	, pump, gas lift, etc.)					
			Casing Pressure	Choke	S(70				
	Length of Test	Tubing Pressure	Casing 1-1000mo	0020	^				
	Actual Prod. During Test	Oil-Bbls.	Water-Ebls.	Gas - M	CF				
				ļ					
	GAS WELL Actual Prod. Test-MCF(D) Length of Test Bbls. Condensate/MMCF Gravity of Condensate								
	Actual Prod. Test-MCF/D 851 AOF 29/6	Length of Test	Bbls. Condensate/MMC	Gravity	of Condensate				
	Testing Method (pitot, back pr.)	1 Hr Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in) Choke	Size				
	Back Pressure	5100			12/64				
1 77			01.0	CONSERVATION					
¥1.	CERTIFICATE OF COMPENSAGE								
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED APR () 7 1981 19						
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		1 Stone The							
		BY		27 35					
	Akenner (Signature)		TITLE						
			This form is to be filed in compliance		ice with RULE 1104.				
			Tracks in a sequent for allowable for a newly drilled or deepened						
			li mall this form mus	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
	Senior Professional Engineer		All sections of this form must be filled out completely for allow-						

(Title)

(Date)

3-30-81

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.