

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

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

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FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator
KKA Corporation
Address
400 Wall Towers West - Midland, Texas 79701
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
Amini Oil Corporation; 400 Wall Towers West; Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE
Lease Name: Humble State
Well No.: 2
Pool Name: Irbe-Pennsylvanian
Kind of Lease: State, Federal or Fee State
Lease No.: E9035
Location
Unit Letter: G; 1980 Feet From The North Line and 2080-1980 Feet From The East
Line of Section: 26 Township: 10-S Range: 33-E, NMPM, Lea County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Amoco Pipeline Company
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 3119; Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Warren Petroleum Corp.
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1589; Tulsa, Okla. 74102
If well produces oil or liquids, give location of tanks.
Unit: G Sec.: 26 Twp.: 10-S Rge.: 33-E
Is gas actually connected? Yes When: 10-7-62

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 ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Restv. ☐ Diff. Restv. ☐
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:

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 (pitot, back pr.): Tubing Pressure (Shut-in): Casing Pressure (Shut-in): Choke Size:

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.
Agent: (Signature)
(Title)
February 23, 1972
(Date)

OIL CONSERVATION COMMISSION
APPROVED: MAY 22 1972, 19
BY: Orig. Signed by Joe D. Ramey
TITLE: Dist. I, Supv.
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 C-104 must be filed for each pool in multiply

RECEIVED

FEB 24 1972

OIL CONSERVATION COMM.
HOBBS, N. M.