NO. OF COPIES MECE	IVED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		
KKA Corpor	ratior	J
Address		

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

FILE		AND	ve.
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA	45
LAND OFFICE			
TRANSPORTER GAS GAS			
OPERATOR			
PRORATION OFFICE			
Operator			
KKA Corporation			
Address			
400 Wall Towers West	- Midland, Texas 79701	Other (Please exclain)	
Reason(s) for filing (Check proper box)		Office (Fredse explana)	i
New Weil	Change in Transporter of:		
Recompletion	Oil Dry Gas		
Change in Ownership X	Casinghead Gas Condens	dte	
f change of ownership give name A	mini Oil Corporation - 40	00 Wall Towers West -	Midland, Texas 79701
DESCRIPTION OF WELL AND I	LEASE TO THE PARTY OF THE PARTY	rmation Kind of Lease	Lease No.
Lease Name	Well No. Pool Name, meraday	State, Federal	
Champlin State	1-Y Vada Penn		DIGLE ILUTAO O
Location D 660	O Feet From The South Line	and 810 Feet From T	The <u>East</u>
Unit Letter F ; OO		_	County
Line of Section 26 Tow	mship 10-S Range	33-E , NMPM, Lea	County
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	Address (Give address to which approx	ped copy of this form is to be sent)
Name of Authorized Transporter of Oil	or Condensate		
Amoco Pipe Line Co.		3411 Knoxville Ave., I Address (Give address to tuhich appro-	ved copy of this form is to be sent)
Name of Authorized Transporter of Cas	singhead Gas 🔀 or Dry Gas 🗀		
Warren Petroleum Co.		Tulsa, Okla.	en
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is gas detailly comments.	
give location of tanks.	P 26 10S 33E	No	
The state of the commingled with	th that from any other lease or pool,	give commingling order number:	
COMPLETION DATA		D	Plug Back   Same Res'v. Diff. Res'v
	Oil Well Gas Well	New Well Workover Deepen	
Designate Type of Completic		The state of the s	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
			Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	
			Depth Casing Shoe
Periorations			
		CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
			and top alice
. TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be a	after recovery of total volume of load of	l and must be equal to or exceed top allo
OIL WELL	able for this d	epth or be for full 24 hours; Producing Method (Flow, pump, gas	
Date First New Oil Run To Tanks	Date of Test	bloddenid Marion (* 120) bank and	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Casud Liessma	
		Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil-Bbls.	WOLGE - DAID.	
1			
GAS WELL		Condense Anger	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	
		Cosing Pressure (Shut-in)	Choke Size
Testing Method (pitot, sack pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Singer-122)	
• • • • • • • • • • • • • • • • • • • •			MATION COMMISSION
T. CENTIFICATE OF COMPLIA	NCE		ATION COMMISSION
i, Chairfichie of Complin		MAN	30 1972 . 19
	d regulations of the Oil Conservation		s. Signed by
I hereby certify that the rules an	with and that the information gives the heat of my knowledge and belief	n l	g. Signed by P. D. Ramey
above is true and complete to t	the best of my knowledge and belief		at. I, Supv.
		ii <b>D</b> i	AL. I. SUDY.

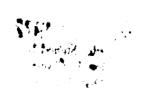
Hobins.	Stodewar (Signature)
	(Signature)
<u> Agent</u>	(Title)
May 25, 1972	(0)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a nowly drilled or deepened well, this form must be accompanied by a tabulation of the deviction 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.



## RECEIVED

MOY DIC 1872 OIL CONSERVATION COMM. HOUSE NO II