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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

I. OWNER	
K. K. Amini	
Address	
816 Bank of the Southwest Building - Midland, Texas	
Reason(s) for filing (Check proper box)	
Change in Ownership	<input checked="" type="checkbox"/>
Change in Transporter or	
Oil	<input type="checkbox"/>
Dry Gas	<input type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>
Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		
Lease Name	Well No. Pool Name, Including Formation	Kind of Lease
Hutcherson	1 Vada Penn	State, Federal or Free Dee
Location		
Unit Letter	A	660 Feet From The North Line and 660 Feet From The East
Line of Section	28	Township 9-S Range 34-E, N.M.M., Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Service Pipe Line Company	3411 Knoxville Ave. - Lubbock, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corporation	Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	28	9-S	34-E	No	-

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

IV. 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"/> Same Rest'y. <input type="checkbox"/> Diff. Rest'y. <input type="checkbox"/>		
Date Drilled	Date Compl. Ready to Prod.	Total Depth	PERM.
3-7-68	4-19-68	9905	-
Pool	Name of Producing Formation	Top Oil/Gas Pay	Bottom Depth
Vada Penn	Bough C	9837	9801
Well Number	Depth Casing Shoe		
9837-9848			
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	12-3/4"	363.13	XXX 375 saks
11"	8-5/8"	4005.22	400 saks
7-7/8"	5-1/2"	9904.91	450 saks
	2-3/8"	9801.04	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 / Return To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
4-20-68	4-21-68	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours		80	3/4"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	335	600	264

GAS WELL			
Actual Prod. Test-M MCF	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. 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.

Nanna Johnson
(Signature)

Agent

(Title)

April 23, 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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 Sections I, II, III, and VI only 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 completed wells.