

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
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. Operator K. K. Amini
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 ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Vada-Pennsy/lanian R-3662
Lease Name Humble-State Well No. 1 Pool Name, Including Formation Vada Penn-Undesignated Kind of Lease State, Federal or Fee State State Lease No. K-2728
Location
Unit Letter E ; 2086 Feet From The North Line and 554 Feet From The West
Line of Section 16 Township 10-S Range 34-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Pan American Pet. Corp. (Truck) 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 Company Address (Give address to which approved copy of this form is to be sent)
Tulsa, Oklahoma
If well produces oil or liquids, give location of tanks. Unit E Sec. 16 Twp. 10-S Rge. 34-E Is gas actually connected? No When --

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'tv.	<input type="checkbox"/> Diff. Res'tv.
Date Spudded <u>8-31-68</u>	Date Compl. Ready to Prod. <u>10-30-68</u>		Total Depth <u>9980</u>		P.B.T.D. <u>--</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>4214 GL</u>	Name of Producing Formation <u>Bough C</u>		Top Oil/Gas Pay <u>9920</u>		Tubing Depth <u>9768</u>			
Perforations <u>9920-9926</u>				Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>15"</u>	<u>12-1/2</u>	<u>382</u>	<u>400 Sacks</u>
<u>11"</u>	<u>8-5/8</u>	<u>4065</u>	<u>400 Sacks</u>
<u>7-7/8"</u>	<u>5-1/2</u>	<u>9980</u>	<u>400 Sacks</u>
	<u>2-3/8</u>	<u>9768</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>10-30-68</u>	Date of Test <u>11-1-68</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 Hours</u>	Tubing Pressure <u>--</u>	Casing Pressure <u>--</u>	Choke Size <u>3/4"</u>
Actual Prod. During Test	Oil - Bbls. <u>315</u>	Water - Bbls. <u>350</u>	Gas - MCF <u>819</u>

GAS WELL

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

Lera Vaughan
(Signature)

Agent

(Title)

11-12-68

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT

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 completed wells.

