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LAND OFFICE	
TRANSPORTER OIL	
TRANSPORTER 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: Amini Oil Corporation

Address: 400 Wall Towers West - Midland, Texas

THIS WELL HAS BEEN PLACED IN THE POOL DISTRICT NOTIFY AMOCO OFFICE IF YOU DO NOT CONCUR.

Reason(s) for filing *(Check proper box)*
New Well [X]
Recompletion [ ]
Change in Ownership [X]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*: Incorporated Effective June 1, 1969

If change of ownership give name and address of previous owner: K. K. Amini , 400 Wall Towers West - Midland, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Stone	1	~~Undesignated~~ R-3545 (Vada Penn)	State, Federal or Fee Fee	

Location
Unit Letter L ; 1874 Feet From The South Line and 554 Feet From The West
Line of Section 26 Township 9-S Range 34-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: The Permian Corporation (Trucks)
Address *(Give address to which approved copy of this form is to be sent)*: 1509 W. Wall, Midland, Texas

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]: Warren Petroleum Corporation
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	26	9	34	No	Waiting on Connection

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-11-69	11-20-69	9887	9853
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
4225 RKB	Bough "C"	9814	9829
Perforations			**Depth Casing Shoe**
9820 to 9830			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	12-3/4	348	375
11"	8-5/8	4050	400
7-7/8	5-1/2	9879	400

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)*

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
11-19-69	11-20-69	Flow	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	0 - 50	Packer	48/64"
Actual. Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
	225	-0-	366

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**

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.

Sam P. Winslow
(Signature)
Geologist
(Title)
November 25, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 26 1969, 19

BY

TITLE SUPERVISOR, DIST.

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 ownership, 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.