

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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.

Name Amini Oil Corporation		
Address 400 Wall Towers West Midland, Texas 79701		
Reason(s) for filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Change in ownership <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		Other (Please explain) Effective May 1, 1970

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shell State	Pool No. 1	Pool Name, including Formation Cerca Penn	Kind of Lease OG5700 State, Federal or Fee State
Location Section 9 Township 14-S Range 34-E NMPM, Lea County			
Locality In Letter D ; 554 feet from the North line and 554 feet from the West			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Service Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) 3400 Knoxville, Lubbock, Texas 79408		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Tipperary Resources Corp.	Address (Give address to which approved copy of this form is to be sent) 500 W. Illinois, Midland, Texas 79701		
If well produces oil or liquids, give location of tanks. D 9 14-S 34-E	Is gas actually connected? Yes	When 5-1-70	

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.
Flow Test								
Date Compl. Ready to Prod.			Total Depth			F.R.T.D.		
Name of Producer 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			

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)

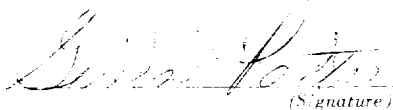
Time First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.


(Signature)

Production Clerk
(Title)

June 17, 1970
(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.

RECEIVED

JUN 18 1970

OIL CONSERVATION COMM.
HOBBS, N. M.