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TRANSPORTER	OIL	
	GAS	
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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

Operator Amini Oil Corporation	
Address 400 Wall Towers West - Midland, Texas	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Effective June 1, 1969
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

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

I. DESCRIPTION OF WELL AND LEASE			
Lease Name Shell State	Well No. 1	Pool Name, Including Formation Undesignated (Cerca Penn)	Kind of Lease State, Federal or Fee State
Location		Lease No. QG5700	
Unit Letter <u>D</u> , <u>554</u> Feet From The <u>North</u> Line and <u>554</u> Feet From The <u>West</u>			
Line of Section <u>9</u> Township <u>14-S</u> Range <u>34-E</u> , NMPM, Lea County			

II. 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 Pipeline Company Anoco Pipeline Co.	3411 Knoxville Ave. - Lubbock, Tex.		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Atlantic Richfield	Box 2819-Dallas, Texas 75221		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 9	Twp. 14-S
			Rge. 34-E
	Is gas actually connected?		When
	Yes		

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)		
Date Spudded	Date Compl. Ready to Prod.	Total Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay
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		(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	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

SHUT-IN TEST		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF
Tubing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)
		Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19	
Agent <u>John W. Runyan</u> (Signature)		BY <u>John W. Runyan</u>	
August 12, 1959 (Date)		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 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.	