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U.S.G.S.
LAND OFFICE
TRANSPORTER <input type="checkbox"/> OIL
<input type="checkbox"/> GAS
OPERATOR
PROBATION 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

JUL 17 10 49 AM '69

I. K. K. Amini
 Address 400 Wall Towers West Midland, Texas 79701
 Recessor(s) for filing (Check proper box) New Well Change in Transporter of:
 From Location Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate
 Other (Please explain) _____

If change of ownership give name and address of previous owner _____

II. 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: Tract Letter D , 554 Feet from the north Line and 554 Feet from the west Section 9 , Township 14-5 Range 34-E , NMPM, 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"/> Atlantic Richfield	Address (Give address to which approved copy of this form is to be sent) Box 2819 Dallas, Texas 75221
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)
If well produces oil or liquids, give location of tanks.	Unit: D Sec: 9 Twp: 14-5 Rge: 34-E Is gas actually connected? No When as soon as possible

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'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded 3/1/69	Date Compl. Ready to Prod. 4/19/69	Total Depth 10,500	P.B.T.D. 10,475					
Pool Undesignated (Cerca Penn)	Name of Producing Formation Penn (upper)	Top Oil/Gas Pay 10,390	Tubing Depth 10,420					
Perforations 10,396 - 10,403			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	12 3/4"		372'		375			
11"	8 5/8"		4276		400			
7 7/8"	5 1/2"		10,500'		400			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of local 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 4/19/69	Date of Test 4/28/69	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 50 #	Casing Pressure packer	Choke Size 3/4"
Actual Prod. During Test	Oil-Bbls. 170	Water-Bbls. 0	Gas-MCF 190

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Ebbs. 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.

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY *[Signature]*
SUPERVISOR DISTRICT I
 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.

[Signature]
 (Signature)
 Agent
 (Title)
 July 16, 1969
 (Date)