		7			
	DISTRIBUTION			Free C. 104	
	SANTA FE		ONSERVATION COMMISSIC.	Form C-104 Supersedes Old C-104 and C-110	
	FILE	KEQUEST I	AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT, OIL, AND NATURAL GA	S	
	LAND CFFICE		2 01 34 100	-	
	I RANSPORTER OIL	_			
	GAS				
	OPERATOR	-			
I.	PRORATION OFFICE	<u> </u>			
	Operator				
	K. K. Amini				
	400 Wall Towers West Midland, Texas 79701 eason(s) for filing (Check proper box) Other (Please explain)				
	eason(s) for filing (<i>Lheck proper box</i>) ew Weil X Change in Transporter of:				
	Recompletion				
	Change ir. Ownership	Casinghead Gas Conden			
	Change II. Ownership				
	If change of ownership give name				
	and address of previous owner	•			
П.	DESCRIPTION OF WELL AND	LEASE CEREA-LLON	er Pennsylvanian		
	Lease Name	Well No. Pool Non		Kind of Lease	
	Shell State	l "Unde	signated, 1 Cerca Penri	State, Federal or Fee State	
	Location				
	Unit Letter D 554	Feet From The <u>north</u> Line	e and 554 Feet From The	e west	
		· · · · · · · · · · · · · · · · · · ·			
	Line of Section 9 , Toy	wnship 14-5 Range 34	-E , NMPM, Lea	County	
II.		TER OF OIL AND NATURAL GA	S Address (Give address to which approved	t conv of this form is to be sent)	
	Name of Authorized Transporter of Oil				
	Permian Corporation		Box 3119 Midland, Te Address (Give address to which approved	xas 79701	
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give daaress to which approved	i copy of this form is to be sent?	
			Is gas actually connected? When		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.			
	give location of tanks.	D 9 14-5 34-E		soon as possible	
		th that from any other lease or pool,	give commingling order number:		
V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	on = (X)			
		<u>1 A</u>	X Total Depth	P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.			
	3/1/69	4/19/69	10,500		
	Pool Cerca Penn	Name of Producing Formation			
	Undesignated	Penn (upper)	10,390	10,420 Depth Casing Shoe	
	Letterations .				
	10,396 - 10,4	10,396 - 10,403 TUBING, CASING, AND CEMENTING RECORD			
			DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	372*	375	
	$\frac{17.172}{11^{11}}$				
		8 5/8"	4276	<u>400</u> 400	
	7 7/8"	5 1/2"	10,500'		
			<u> </u>		
V.	TEST DATA AND REQUEST F		fter recovery of total volume of load oil an pth or be for full 24 hours)	a must be equal to or exceed top allow-	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)	
	4/19/69	4/28/69	Flowing		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24 Hours	50 #	packer	3/4"	
	Actual Prod. During Test	Oi!-Bbis.	Water-Bbls,	Gas-MCF	
	-	170	0	190	
	l		······································		
	GAS WELL	AS WELL			
	Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
1 .7 #	. CERTIFICATE OF COMPLIAN				
VI.	ENTIFICATE OF COMPLIANCE				
	I hereby certify that the rules and ulations of the Oil Conservation Commission have been complied and that the information given				
	above is true and complete to tr		BY THE THE		
			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		
	(Signature) Agent (Title)		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 allow- able on new and recompleted wells.		
		8, 1969	Fill out Sections I, II, iII,	and VI only for changes of owner,	
	(1)	(ate)		r, or other such change of condition.	
			Separate Forms C-104 must be filed for each pool in multiply completed wells.		

i