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LAND OFFICE		
TRANSPORTER	OIL	
	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

Operator Amini Oil Corporation	
Address 400 Wall Towers West - Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Date Incorporated - June 1, 1969	

If change of ownership give name and address of previous owner K. K. Amini THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

Lease Name Tenneco "A" State	Well No. 1	Pool Name, including Formation Undesignated (Cerca Upper Penn)	Kind of Lease State, Federal or Fee State	Lease No. K544
Location Unit Letter <u>J</u> ; <u>1874</u> Feet From The <u>East</u> Line and <u>2086</u> Feet From The <u>South</u>				
Line of Section <u>8</u> Township <u>14-S</u> Range <u>34-E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3119, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	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 J	Sec. 8	Twp. 14-S	Rge. 34-E	Is gas actually connected? no	When as soon as possible

If this production is commingling with that from any other lease or pool, give commingling order number:

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 10-10-69	Date Compl. Ready to Prod. 12-2-69	Total Depth 10481	P.B.T.D. 10436
Elevations (DF, RKB, RT, GR, etc.) 4146 GR	Name of Producing Formation Penn (Upper)	Top Oil/Gas Pay 10384	Tubing Depth 10390
Perforations 10388 to 10398	Depth Casing Shoe 10481		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	12-3/4	350	375
11"	8-5/8	4350	400
7-7/8"	5-1/2	10481	400

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 11-26-69	Date of Test 12-2-69	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure 1900	Casing Pressure 75	Choke Size --
Actual Prod. During Test	Oil - Bbls. 240	Water - Bbls. 0	Gas - MCF 159

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

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.

Andy Burnett
(Signature)
Agent
(Title)
12-11-69
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 1 1969, 19
BY [Signature]
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.