## NEW MEXICO GIL CONSERVATION COMMITTON SANTA FE Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-Effective 1-1-65 FILE AND U.3.5.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS DPERATOR PRORATION OFFICE Operata Teal Petroleum Company Adtress 405 Wall Towers East, Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Piease explain) Now Well Change in Transporter of: Recompletion Dry Gas Change in Ownership X Casinahead Gas Condensate If change of ownership give name Amini Oil Company - 405 Wall Towers East - Midland, Texas 79701 H. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee State New Mexico State Tres Papalotes Penn, West E-5765 Location 2080 Feet From The South Line and 560 \_\_ Feet From The \_\_\_\_East 31 14-S Line of Section Township Range 34-E, NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil Amoco Pipeline Company P. O. Box 3119 - Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas Warren Petroleum Corp. P. O. Box 1589 - Tulsa Oklahoma 7#102 Twp. P.ge. is gas actually If well produces oil or liquids, give location of tanks. Α 31 14; Yes 3-9-72 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Watkover Deepen Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. otal Depth P.3.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Gil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMEN V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load all and must be equal to or exceed top allowable for this depth or be for full 24 hours) OIL WELL Date of Test Producing Method (Flow, pump, gas lift, etc.) Date First New Ctl Run To Tanks Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. Duting Test Oil - Bbls. Vater - Bble. Gea - MOF GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate AMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shat-ia) Choke Size OIL CONSERVATION COMMISSION The same. i

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.

	1. Janda	Walker
	(Signoture)	
Agent	, ,	
	(Title)	

October 18, 1974 (Date)

APPROVED

BY\_\_\_

TITLE \_\_

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.

This form is to be filed in compliance with RULE 11d4.

Orig. Signed by

oe D. Ramey Dist. I, Supv.

All sections of this form must be filled out completely for allowable on new and recompleted walls.

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