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	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 Company	
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 type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico State	Well No. 2	Pool Name, Including Formation Undesignated	Kind of Lease State, Federal or Fee State	Lease No. E-5765
Location Unit Letter I ; 2080 Feet From The South Line and 560 Feet From The East Line of Section 31 Township 14S Range 34E , 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"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119 - Midland, Texas 79701					
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) P.O. Box 1589 - Tulsa, Okla. 74102					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 31	Twp. 14	Rge. 34	Is gas actually connected? Yes	When 3-9-72

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)		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 2-5-72	Date Compl. Ready to Prod. 3-8-72	Total Depth 10597'		P.B.T.D. 10507'					
Elevations (DF, RKB, RT, GR, etc.) 4145 GR	Name of Producing Formation Tres Papalotes Penn		Top Oil/Gas Pay 10385'		Tubing Depth 10326'				
Perforations 10385-10396'				Depth Casing Shoe 10597'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-3/4"	48#		373'		400sx				
8-5/8"	32# & 24#		4260'		250sx				
5-1/2"	17#, 20# & 23#		10597'		300sx & 200sx				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 3-8-72	Date of Test 3-9-72	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 180	Casing Pressure Packer	Choke Size 22-64"
Actual Prod. During Test	Oil-Bbls. 226	Water-Bbls. -0-	Gas-MCF 208

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

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.

Sarint Godwin  
(Signature)  
Agent  
(Title)  
March 14, 1972  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED MAR 16 1972, 19  
BY [Signature]  
TITLE SUPERVISOR DISTRICT 7  
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.