	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR	- NEW MEXICO OLL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
I.	PROPATION OFFICE	-	,								
		Operator K. K. Amini									
	Address										
	ZU4 GU1 Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership	If Building, Midland, Te: Change in Transporter of: Oil Dry Ga Casinghead Gas Condex	15 Differ (Please explain CASINGRUS FLARED 65 UNLESS AN	EXCEPTION TO R4070							
If change of ownership give name											
	and address of previous owner	- Stable - A. 1939, 14 Y	DU DO NOT CONCUR	5763							
П.	DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including F	ormation, Kind of	Lease Lease No.							
	Pennzoil State "33"	1-AV Abo - San And		rederal of Fee State K-4619							
	Location Unit Letter 0 : 660	/ South	2020	Fact							
	Unit Letter0;660_	Feet From The South Lin	he and <u>LULU</u> Feet i	From The EdSU							
	Line of Section 33 Tov	wnshtp 16-S Range	34-Е, ММРМ,	Lea County							
IN.		DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
	Name of Authorized Transporter of Off		Address (Give address to which 1509 W. Wall, Midla	approved copy of this form is to be sent) and, Texas 79701							
	Name of Authorized Transporter of Cas		Address (Give address to which approved copy of this form is to be sent)								
	None If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When							
	give location of tanks.	0 <u>33</u> 165 34E	No	1							
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number								
	Designate Type of Completic	on - (X) V Gas Well	New Well Workover Deeps	en Plug Back Same Resty, Diff. Resty,							
	Date Spudd a d	Date Compl. Ready to Prod.	X Total Depih	P.B.T.D.							
	12/14/74 Elevations (DF, RKB, RT, GR, etc.)	4/3/75 Name of Producing Formation	4727' Top Cil/Gas Pay	4707' Tubing Depth							
	11' RKB			4707'							
	Perforations 4672.8' to 4	1680 81		Depth Casing Shoe 4727'							
	4072.0 00 -		D CEMENTING RECORD								
	HOLE SIZE	CASING & TUBING SIZE 8-5/8" 28# per Foot	400'	I60 sks. Class "C"							
	7-7/8"	4-1/2" 9.50# & 10.50#	and the second	220 sks. 50-50 Pos Mix							
v.	TEST DATA AND REQUEST FO			d oil and must be equal to or exceed top allow-							
•	OIL WELL Date First New Oil Run To Tanks	Date of Test	producing Method (Flow, pump, gas lift, etc.)								
	4/1/75	4/2/75	Pump Casing Pressure	Choke Size							
	Length of Test 24 hrs.		0	2"							
	Actual Prod. During Test 18	O11-Bbls. 18	Water-Bbls. 0	Gas-MCF							
Į	10	10	UU	Unable to test							
ſ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate							
ĺ	Testing Method (pitot, back pr.)	Tubing Pressure (Shat-ia)	Casing Pressure (Shut-in)	Choke Size							
L VI	CERTIFICATE OF COMPLIANC	CE	OL CONSE	RVATION COMMISSION							
			APPROVED, 19								
	I hereby certify that the rules and re Commission have been complied w above is true and complete to the	ith and that the information given	he had the sa								
	above is the and complete to the	best of my knowledge and benen									
~ ~~~	1000	. ~	TITLE	i in compliance with RULE 1104.							
	2000		If this is a recusat for	allowable for a newly drilled or deepened							
-	(Signal Comptroller	(ure)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.								
-	Comptrotter(Tul	e)	able on new and recomplete								
-	April 3, 1975	e)	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								

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well name or number,	or tran	sporte	r, or	other	such	cha	nge
Separate Forma	C-104	must	be	filed	for e	ach	pool
nompleted wells.							