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Form C-105
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
B-936

11. TYPE OF WELL
OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER ☐
b. TYPE OF COMPLETION
NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER ☐
2. Name of Operator
K. K. Amini
3. Address of Operator
P. O. Drawer 3068, Midland, Texas 79701
4. Location of Well
UNIT LETTER P LOCATED 460 FEET FROM THE South LINE AND 660 FEET FROM

7. Unit Agreement Name
8. Farm or Lease Name
Exxon "A" State
9. Well No.
1
10. Field and Pool, or Wildcat
North Vacuum Abo

THE East LINE OF SEC. 36 TWP. 16S RGE. 34E NMPM

12. County
Lea

15. Date Spudded 10/19/75	16. Date T.D. Reached 11/13/75	17. Date Compl. (Ready to Prod.) 12/1/75	18. Elevations (DF, RKB, RT, GR, etc.) 4036.7 GL	19. Elev. Casinghead
20. Total Depth 8980'	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By Rotary Tools <input checked="" type="checkbox"/> Cable Tools	

24. Producing Interval(s), of this completion -- Top, Bottom, Name
8847' - 8897.5'

25. Was Directional Survey Made
No

26. Type Electric and Other Logs Run
Sidewall Neutron Porosity Log

27. Was Well Cored
No

29. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	1680'	12 1/4"	760	-0-
4 1/2"	10.5# & 11.6#	8980'	7 7/8"	800	-0-

29. LINER RECORD				30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET
					2 3/8"	8837

31. Perforation Record (Interval, size and number) 17 shots Select Fire .46 8847, 8848, 8849, 8850, 8851, 8852, 8877, 8878, 8879, 8880, 8881, 8882, 8883, 8884, 8885, 8896.5, 8897.5	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
	8847 - 8897.5	20,000 gals. acid

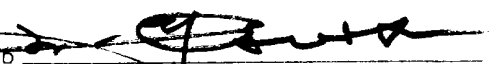
33. PRODUCTION							
Date First Production 12/1/75		Production Method (Flowing, gas lift, pumping - Size and type pump) Pumping 2" x 1 1/4" x 18' RHBC				Well Status (Prod. or Shut-in) Producing	
Date of Test 12/2/75	Hours Tested 24	Choke Size	Prod'n. For Test Period →	Oil - Bbl. 95	Gas - MCF 93	Water - Bbl. TSM	Gas - Oil Ratio 975-1
Flow Tubing Press.	Casing Pressure 35	Calculated 24-Hour Rate →	Oil - Bbl. 95	Gas - MCF 93	Water - Bbl. TSM	Oil Gravity - API (Corr.) 36	

34. Disposition of Gas (Sold, used for fuel, vented, etc.)
Vented

Test Witnessed By
Joel Lawhorn

35. List of Attachments
Sidewall Neutron Porosity Log

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED  TITLE Comptroller DATE 12/3/75

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers _____	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen _____	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg _____	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzte _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinebry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
8847	8897.5	17	Abo				

SANFAYEE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-111
Supersedes O-111-101 and O-111-102
Effective 1-1-65

Operator K. K. Amini	
Address P. O. Drawer 3068, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain) CASINGHEAD GAS MUST NOT BE STARTED AFTER 2/1/76 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	

If change of ownership give name and address of previous owner _____

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE. **R-5162**

Lease Name Exxon "A" State		Well No. 1	Pool Name, including Formation North Vacuum Abo		Kind of Lease State, Federal or Fee State	Lease No. B-936
Location						
Unit Letter	P	460	Feet From The	South	Line and	660
Line of Section	36	Township	16S	Range	34E	Lea
County						

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)				
The Permian Corporation		P. O. Box 3119, Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 36	Twp. 16S	Rge. 34E	Is gas actually connected? No	When

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

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'ty. <input type="checkbox"/>	Diff. Res'ty. <input type="checkbox"/>
Date Spudded 10/19/75	Date Compl. Ready to Prod. 12/1/75	Total Depth 8980'		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 4036.7 GL	Name of Producing Formation Abo	Top Oil/Gas Pay 8847'		Tubing Depth 8837'					
Perforations 8847 - 8897.5'				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		1680'		760				
7 7/8"	4 1/2"		8980'		800				
	2 3/8"		8837'		-0-				

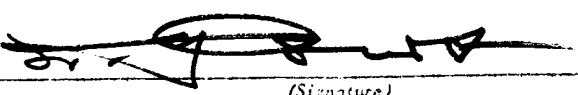
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12/1/75	Date of Test 12/2/75	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure 35	Choke Size
Actual Prod. During Test 95	Oil-Bbls. 95	Water-Bbls. TSM	Gas-MCF 93

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

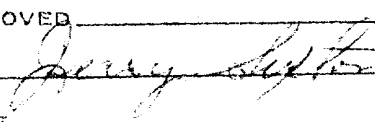
CERTIFICATE OF COMPLIANCE

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.


(Signature)
Comptroller
12/3/75
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY 
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.

DEVIATION REPORT

Exxon "A" State No. 1
Section 36, T16S, R34E,
Lea County, New Mexico

<u>DEPTH</u>	<u>DEVIATION</u>
530'	1/4°
975'	3/4°
1458'	1°
2075'	3/4°
2578'	1 1/4°
2890'	1 1/2°
3142'	1°
3488'	3/4°
3679'	3/4°
4140'	1°
4703'	3/4°
5225'	1°
5731'	1°
6240'	3/4°
6711'	1°
7212'	1°
7716'	3/4°
8183'	1 1/2°
8520'	1°

K. K. AMINI

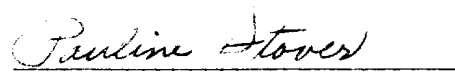


By. W. Glenn Burton
Comptroller

STATE OF TEXAS |
COUNTY OF MIDLAND |

The foregoing instrument was acknowledged before me this 3rd day of
December, 1975, by W. Glenn Burton on behalf of
K. K. Amini.

My Commission Expires
September 10, 1977


Notary Public in and for
Midland County, Texas

PAULINE STOVER -- Notary Public
Lea and Midland Counties, Texas
My Commission Expires Sept. 10, 1977