

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

DISTRIBUTION		
SALE		
FILE		
G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. OPERATOR

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:		Other (Please explain) <u>THIS WELL HAS BEEN PLACED IN THE POOL</u>
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	<u>PLACED IN THE POOL</u>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	<u>UNLESS AN EXCEPTION TO R-4770</u>
		Dry Gas	<input type="checkbox"/>	<u>IS OBTAINED.</u>
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DELETED BELOW IF YOU DO NOT CONCUR
NOTE: THIS OFFICE R-5162

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Exxon "A" State</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>North Vacuum Abo</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-936</u>
Location				
Unit Letter <u>0</u>	<u>460</u>	Feet From The <u>South</u>	Line and <u>1980</u>	Feet From The <u>East</u>
Line of Section <u>36</u>	Township <u>16S</u>	Range <u>34E</u>	, NMPM, <u>Lea</u> 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)					
<u>The Permian Corporation</u>	<u>P. O. Box #3119, Midland, Texas 79701</u>					
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)					
<u>Phillips Petroleum Company</u>	<u>Bartlesville, Oklahoma 74004</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>P</u>	<u>36</u>	<u>16S</u>	<u>34E</u>	<u>No</u>	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					
Date Spudded <u>11/15/75</u>	Date Compl. Ready to Prod. <u>1/2/76</u>	Total Depth <u>8950'</u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <u>4038.1 GL</u>	Name of Producing Formation <u>Abo</u>	Top Oil/Gas Pay <u>8818'</u>	Tubing Depth <u>8816'</u>					
Perforations <u>8818- - 8867'</u>	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>1672'</u>	<u>685</u>					
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>8950'</u>	<u>750</u>					
	<u>2 3/8"</u>	<u>8816'</u>	<u>-0-</u>					

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 <u>1/2/76</u>	Date of Test <u>1/3/76</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24</u>	Tubing Pressure	Casing Pressure <u>40</u>	Choke Size
Actual Prod. During Test <u>81</u>	Oil-Bbls. <u>81</u>	Water-Bbls. <u>TSM</u>	Gas-MCF <u>81</u>

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.

Comptroller

1/8/76

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE EC

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.