## SANTA FE REQUEST FOR ALLOWABLES Supersedes Old C-104 and C-110 HILE AND U.S.G.\$. AUTHORIZATION TO TRANSPORT OIL AND NATULAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PROPATION OFFICE Operator K. K. Amini Address P. O. Drawer 3068, Midland, Texas 79701 Other (Please explain) Ceason(s) for filing (Check proper box) Change in Transporter of: Recompletion OIL Dry Gas Casinghead Gas [X] Condensate Change in Ownership If change of ownership give name and address of previous owner. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Pennzoil "35"-A State North Vacuum Abo State, Federal or Fee Lagation 660 South West 2130 Feet From The Unit Latier

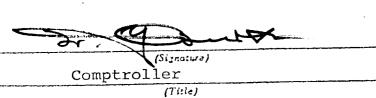
Lease No. L4526 34E Lea 16S 35 . NMPM. Township Range County Line of Section DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of OIL or Condensate P. O. Box 3119, Midland, Texas 79701 The Permian Corporation Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas 🔀 or Dry Gas Bartlesville, Oklahoma 74003 Phillips Petroleum Company TTwp. Is gas actually connected? Unit Sec. If well produces oil or liquids, give location of tanks. 5/29/76 Yes 16S · 34E ! 35 If this production is commingled with that from any other lease or pool, give commingling order numbers COMPLETION DATA Workover Deepen Same Res'v. Diff. Res'v. Oll Well Plug Back Gas Well New Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Jte Spudded Tubing Depth levations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE (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) TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) Casing Pressure Choke Size Tubing Pressure Gda-MCF Water - Bbis. Oll-Bbls.

OIL WELL Date First New Oil Run To Tanks Length of Test Actual Prod. During Test

GAS WELL			
Actual Prod. Tool-MCF/D	Length of Teat	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Mothed (pitos, back pr.)	Tubing Pressure (Shut-in)	Coding Pressure (Sant-in)	Choke Size

## CENTIFICATE 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 in true and complete to the best of my knowledge and belief.



6/4/76

(Date)

OIL CONSERVATION COMMISSION

APPROVED. BY. Orig. Signed by

Jerry Section TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for ellowable for a newly drilled or deep-and 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.

