


SANTA FE				REQUEST FOR ALLOWABLE		Supersedes OIL C-104 and C-110	
FILE				AND		Effective 1-1-65	
U.S.G.S.				AUTHORIZATION TO TRANSPORT OIL AND NATL. AL GAS			
LAND OFFICE							
TRANSPORTER	OIL						
	GAS						
OPERATOR							
PRODUCTION OFFICE							
Operator							
K. K. Amini							
Address							
P. O. Drawer 3068, Midland, Texas 79701							
Reason(s) for filing (Check proper box)						Other (Please explain)	
New Well	<input 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 checked="" type="checkbox"/>	Condensate	<input type="checkbox"/>		
If change of ownership give name and address of previous owner							
DESCRIPTION OF WELL AND LEASE							
Lease Name		Well No.	Pool Name, Including Formation		Kind of Lease		Lease No.
Pennzoil "35"-A State		1	North Vacuum Abo		State, Federal or Fee		L4526
Location							
Unit Number	N	2130	Feet From The	West	Line and	660	Feet From The
Line of Section		35	Township	16S	Range	34E	Lea
							County
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)			
The Permian Corporation				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)			
Phillips Petroleum Company				Bartlesville, Oklahoma 74003			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	
	N	35	16S	34E	Yes	5/29/76	
If this production is commingled with that from any other lease or pool, give commingling order number:							
COMPLETION DATA							
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.	
Devations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth	
Perforations						Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
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	Date of Test		Producing Method (Flow, pump, gas lift, etc.)				
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil-Bbls.		Water-Bbls.		Gas-MCF		
GAS WELL							
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
CERTIFICATE OF COMPLIANCE				OIL CONSERVATION COMMISSION			
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.				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.			
							
Comptroller							
6/4/76							

RECEIVED

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OIL CONSERVATION (221M)  
HODS. N. B.