

SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and C-110  
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) <b>CASINGHEAD GAS MUST NOT BE FILED AFTER 4/2/76 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.</b>	

If change of ownership give name and address of previous owner \_\_\_\_\_  
THIS WELL HAS BEEN PLACED IN THE POOL  
DESCRIBED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE. R-4215

Lease Name Pennzoil "35"-A State		Well No. 1	Pool Name, Including Formation North Vacuum Abo		Kind of Lease State, Federal or Fee State	Lease No. L-4526
Location						
Unit Letter	N	2180	Feet From The	West	Line and	660
			Feet From The		South	
Line of Section	35	Township	16S	Range	34E	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	35	16S	34E	No	

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
12/9/75	2/2/76		8870'						
Elevations (DF, R&B, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
4054.2' GL	Abo		8742.5'		8745'				
Perforations					Depth Casing Show				
8742.5' - 8789'									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		1680'		735			
7 7/8"		4 1/2"		8870'		750			
		2 3/8"		8745'		-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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2/2/76	2/3/76	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.		35	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
62	62	TSM	53

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

I. 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 _____ 1976	
BY _____		BY _____	
TITLE _____		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 allowables 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 _____ (Signature) 2/5/76 (Date)			