STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

| DISTRIBUTIO | DM | |
|--------------|-----|--|
| SANTA PE | | |
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| THAIR ON THE | GAS | |
| OPERATOR | | |
| PROBATION OF | ICE | |

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

Separate Forms C-104 must be filed for each pool in multiply completed wells.

REQUEST FOR ALLOWABLE

| | ND PORT OIL AND NATURAL GAS |
|---|--|
| I. | |
| Operator | |
| Amerind Oil Co. | |
| Address | |
| 500 Wilco Building, Midland, Texas 7970 | 1 |
| Reeson(s) for filing (Check proper box) | Other (Please explain) |
| New Well Change in Transporter of: | |
| | ry Gas |
| | ondens ate |
| If change of ownership give name and address of previous owner | |
| II. DESCRIPTION OF WELL AND LEASE | |
| Lease Name Well No. Pool Name, Including F | ormation Kind of Lease No. |
| Speight 2 Lovington Pen | nn, Northeast State, Federal or Fee Fee |
| Location | |
| Unit Letter F : 1830 Feet From The North Lin | ne and 1980 Feet From The West |
| 150 | 37F , NMPM, Lea County |
| Line of Section 28 Township 165 Range | 37E , NMPM, Lea County |
| | T CAC |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Hallsports of the | Box 2528, Hobbs, New Mexico 88240 |
| Texas-New Mexico Pipeline | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas XX or Dry Gas | 4001 Penbrook, Odessa, Texas 79762 |
| Phillips Petroleum Company | Is gas actually connected? When |
| If well produces oil or liquids, D 20 165, 37F | 0.701.705 |
| give location of tanks. | |
| If this production is commingled with that from any other lease or pool, | give commingling order number: |
| | |
| NOTE: Complete Parts IV and V on reverse side if necessary. | II. |
| THE OF COMPLIANCE | OIL CONSERVATION DIVISION |
| VI. CERTIFICATE OF COMPLIANCE | CED 1 77 1005 |
| I hereby certify that the rules and regulations of the Oil Conservation Division have | APPROVED |
| been complied with and that the information given is true and complete to the best of | OSIGNMAL SCORED BY 1500Y SEVEON |
| my knowledge and belief. | DISTRICT I SUPERVISOR |
| | TITLE |
| | li . |
| | This form is to be filed in compliance with RULE 1104. |
| (Signature) Robert C. Leibrock | If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation |
| Vice President | tests taken on the well in accordance with RULE 111. |
| | All sections of this form must be filled out completely for allow- |
| (Tule) | able on new and recompleted wells. |
| September 13, 1985 | 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. |
| (Date) | U ***** **= |

| D T (C). | | Oll Mell | Gas Well | New Well | Workover | Deepen | Plug Back | Same Resty, | Dill Beat |
|------------------------------------|-----------------------------|----------------|--------------------------------|---|----------------|-------------|----------------|--------------------|--------------|
| Designate Type of Complet | ion - (X) | X | : | X | 1 | 1 | l l | I Pourie Mana, | I Dill. Res |
| Date Spudded | Date Compl | . Ready to Pro | od. | Total Depti | 1 | | P.B.T.D. | | <u>i</u> |
| 6/28/75 | 8/20/85 | | 11,675 | | 11,620 | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | | |
| 3789.5 GL, 3805 KB | Strawn | | 11,331 | | 11,400 | | | | |
| Perforations | | | | - | 1001 | | Depth Castr | | |
| 11-331 - 11,339 | | | | | | | 1 | 11,665 | |
| | | TUBING, C | ASING, AN | D CEMENTI | NG RECORE |) | | -1,000 | |
| HOLE SIZE | CASI | NG & TUBIN | | | DEPTH SE | | SACKS CEMENT | | |
| 17 1/2 | 1 | 3/8 | | | 408 | | 400 sx Cls C | | |
| 11 | | 8 5/8 | | | 4,200 | | 2025 sx Cls C | | |
| 7 7/8 | | 5 1/2 | | | 11.665 | | 350 sx | | |
| | | 27/8 t | ba | | 11.400 | | 1 | 141-1-1 | |
| 7. TEST DATA AND REQUEST OIL WELL | FOR ALLO | WABLE (Tab | est must be a le for this d | fer recovery o | of total volum | of load oil | and must be eq | ual to or exce | ed top allou |
| Date First New Oil Run To Tanks | Date of Tea | | | Producing Method (Flow, pump, gas lift, etc.) | | | | | |
| 8/21/85 | 9/ | 1/85 | | pump | | . • | | | |
| Length of Test | Tubing Pres | sure. | | Casing Pres | | | Chaha Sian | | |

IV. COMPLETION DATA

24 hrs
Actual Prod. During Test

Oil-Bhis.

| GAS WELL | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-is) | Casing Pressure (Shut-in) | Choke Size |

Water - Bbis.

RECEIVED

open Gas-MCF

SEP 16 1985