

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Amerind Oil Co.

Address 500 Wilco Bldg., Midland, Tx 79701

Reason(s) for filing (Check proper box)

☒ New Well ☐ Recompletion ☐ Change in Ownership

Change in Transporter of:

☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Meyers Well No. 1 Pool Name, including Formation West Casey-Strawn (Lower Strawn) Kind of Lease Fee Lease No. 5-1-86

Location

Unit Letter C : 660 Feet From The North Line and 2130 Feet From The West

Line of Section 33 Township 16S Range 37E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Texas-New Mexico Pipeline Address (Give address to which approved copy of this form is to be sent) P.O. Box 2582 Hobbs, N.M. 88240

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook Odessa, TX 79762

If well produces oil or liquids, give location of tanks. Unit C Sec. 33 Twp. 16S Rge. 37E Is gas actually connected? Yes When 3/18/86

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.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Robert C. Leibrock
(Signature) Vice President
(Title)
March 25, 1986
(Date)

OIL CONSERVATION DIVISION

MAR 27 1986

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	11,391'
1-29-86	3-15-86	11,582'		
Elevations (D.F., RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	11,141'
3787' GL, 3801' KB	Lower Strawn	11,237'		
Perforations	11,237' - 11,341'			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	405'	400 SX CTS "C"
11"	8-5/8"	4200'	1550 SX 1 1/2" 300 SX CTS
7-7/8"	5-1/2"	11,430'	450 SX 50-50 POZ H
	2-7/8"	11,141'	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Length of Test	24 hrs	Actual Prod. During Test
3-2-86	3/18 - 19/86	Flowing	Casing Pressure (pkr)	30/64"	Gas-MCF
			Water-Bbls.		350
			30 (load)		

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size

RECEIVED
MAR 26 1986
HOBBS OIL CO.