

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	GAS
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)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate Show gas connection date

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hager	Well No. 1	Pool Name, including Formation Shipp Strawn R 8513	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>P</u> : <u>550</u> Feet From The <u>South</u> Line and <u>560</u> Feet From The <u>East</u> Line of Section <u>33</u> Township <u>16S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, New Mexico 88240		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. P 33 16S 37E	Is gas actually connected? Yes	When July 2, 1987

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)  
July 10, 1987  
(Date)

OIL CONSERVATION DIVISION  
APPROVED JUL 14 1987, 19\_\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR

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	Some Res'y.	Diff. Res'y.
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Date Spudded	5-21-87	Date Compl. Ready to Prod.	11,450'	Total Depth	P.B.T.D.	11,397'
Elevations (D.F., RKB, RT, CR, etc.)	3775' GL, 3792' KB	Name of Producing Formation	Strawn	Top Oil/Gas Pay	11,158'	Tubing Depth
Perforations	11,197' - 11,290'	TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	17-1/2"	CASING & TUBING SIZE	12-3/4"	DEPTH SET	SACKS CEMENT	415 SX CJ "C"
11"	8-5/8"	397'	1250 HOWCO LITE, 200 CJ	850 SX 50-50 Pozmix	11,158'	11,449'

## V. 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 allow-  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	6-23-87	Date of Test	6-28-87	Producing Method (Flow, pump, gas lift, etc.)	FLOW
Length of Test	24 hrs.	Tubing Pressure	455 psi	Casing Pressure	23/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	-0-	Gas-MCF	370

## GAS WELL

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

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