

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> 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

Other (Please explain) _____

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hager</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Shipp Strawn</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. _____
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"/> <u>Texas-New Mexico Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2528, Hobbs, New Mexico 88240</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>P</u> <u>33</u> <u>16S</u> <u>37E</u> <u>No</u> _____

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)

June 29, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 30 1987, 19 _____

BY Orig. Signed by

Paul Krutz

TITLE Geologist

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.
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Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
5-21-87	6-23-87	11,450'	11,397'						
Elevations (D.F., R.K.B., RT., CR., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
3775' GL, 3792' KB	Strawn	11,197'	11,158'						
Perforations				11,197' - 11,290'					
				Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
17-1/2"	12-3/4"	397'	415 sx CI "C"						
11"	8-5/8"	4207'	1250 Howco Lite, 200 CI						
7-7/8"	5-1/2"	11,450'	850 sx 50-50 Pozmix						

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

24 hrs.	Tubing Pressure	Casing Pressure	Choke Size	Actual Prod. During Test
	455 psi	---	23/64"	Oil - Bbls. 487
			Gas - MCF 370	Water - Bbls. -0-

GAS WELL

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

1987 JUN 30 10 30 AM
OIL FIELD
SHELL