

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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 Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☒ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11-1-88
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Wiser "C" State Com. Well No.: 1 Pool Name, including Formation: 11/1/89 R-8826 Kind of Lease: State, Federal or Fee State Lease No.: B-7897 E-9118

Location
Unit Letter: C : 1980 Feet From The West Line and 510 Feet From The North
Line of Section: 32 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 2528, Hobbs, New Mexico 88240

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Phillips 66 Natural Gas Company Address (Give address to which approved copy of this form is to be sent)
4001 Penbrook, Odessa, Texas 79762

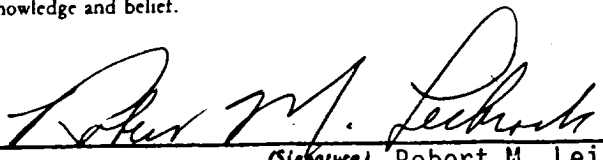
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	32	16S	37E	no	

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.


(Signature) Robert M. Leibrock
President
(Title)
September 1, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 2'88, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded July 30, 1988	Date Compl. Ready to Prod. 8/26/88		Total Depth 11,280'			P.B.T.D. 11,200'			
Elevations (DF, RKB, RT, GR, etc.) 3802' GL, 3818' KB	Name of Producing Formation Strawn		Top Oil/Gas Pay 11,114'			Tubing Depth 11,080'			
Perforations 11,114', 115', 116', 117', 118', 119', 120', 121', 122', 123', 124', 125', 126', 127', 128', 129', 130' (17 holes).						Depth Casing Shoe 11,280'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
17-1/2"	12-3/4"		415'			350 sx CIs "C"			
11"	8-5/8"		4,220'			1400 sx Lite & 200 sx Cl			
7-7/8"	5-1/2"		11,280'			350 sx CIs H			
5-1/2"	2-7/8"		11,080'						

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)

Date First New Oil Run To Tanks 8/26/88	Date of Test 9/1/88	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 240	Casing Pressure (pkr)	Choke Size 32/64"
Actual Prod. During Test	Oil - Bbls. 592	Water - Bbls. 254	Gas - MCF 561

GAS WELL

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

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