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FILE					
u.s.g.s.	U.S.G.S.				
LAND OFFICE					
IRANSPORTER	OIL				
TRANSFORTER	GAS				
OPERATOR					
PRORATION OF					
Operator					
Amini Oil Company					
Address					

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE	AUTUODIZATION TO TRAN	AND NSPORT OIL AND NATURAL (	CAC	
	U.S.G.S.	AUTHORIZATION TO TRAI	ASPORT OIL AND NATURAL (	323	
	OIL				
	TRANSPORTER GAS				
	OPERATOR				
I.	PRORATION OFFICE Operator				
	Amini Oil Company				
	405 Wall Towers East	- Midland, Texas 7970			
	Reason(s) for filing (Check proper box)	···	Otner (Please explain)	as must not by	
	New Well	Change in Transporter of:  Oil Dry Gas	FLARED ARREST	3/14/23	
	Recompletion Change in Ownership	Casinghead Gas Condens	TO DESCRIPTION OF THE PERSON O	CEPTION TO R-4070	
			IS OBTAINED.		
	If change of ownership give name and address of previous owner				
		TACE.			
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	rmation Kind of Leas	Lease No.	
	Shell "A" State	1 N. Vacuum Ab	State, Feder	alor Fee State NM4160	
	Location			147 4	
	Unit Letter L ; 198	DFeet From TheSouth_Line	e and 860 Feet From	The VVEST	
	Line of Section 1 Tow	nship 17-S Range	34-E , NMPM, Lea	Gounty	
	Elife of decision 1				
m.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which appro	nued copy of this form is to be sent)	
	Name of Authorized Transporter of Oil	Σ or Condensαte		·	
	Mobil Pipe Line Co. Name of Authorized Transporter of Cas	inghead Gas X or Dry Gas	Box 900 - Dallas, Tex Address (Give address to which appro	oved copy of this form is to be sent)	
	Phillips Petroleum Co		Bartlesville, Okla. 74	1004	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		nen	
	give location of tanks.	L 1 1 17-S 34-E	No		
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completion	n – (X)	Х		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	12-10-72	1-14-73	8795' Top Oil/Gas Pay	8760	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Abo	8662	8610	
	4041.9 GR	DUA	0002	Depth Casing Shoe	
	8662-8683		8795		
			CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	425	
	17½"	12-3/4" 8-5/8"	2922'	300	
	7-7/8"	4 1 2 "	8795	950	
		2-3/8"	8610'		
v	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oi pth or be for full 24 hours)	l and must be equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
	1-14-73	1-14-73	Flow		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24 hrs.	110#	Packer Water-Bble.	24/64 Gge-MCF	
	Actual Prod. During Test	Oil-Bbls.	4	96	
		140		, I	
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	I uping Piessure (Snut-14)			
* / *	. CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION	
V	. CERTIFICATE OF COMPLIAN	CE			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  **Additional Complete		BY		
			TITLE  This form is to be filed in compliance with RULE 1104.  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 tests taken on the well in accordance with RULE 111.		
			tests taken on the well in acc	nust be filled out completely for allow	
	(T.	itle)	able on new and recompleted	wells.	
	January 23, 1973	atel	Fill out only Sections I, well name or number, or transport	II. III, and VI for changes of owner orter, or other such change of condition	

(Date)

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.

## INCLINATION REPORT

Field Name N. V	acuum Abo	County Lea State 405 East	New Mexico
Operator Amini Oi	il Company Address	405 East	Midland, Texas
Lease Name & No.	Shell "A" State Well No. 1	Survey _	Totco
	RECORD	OF INCLINATION	
Depth (feet)	Angle of Inclination (degrees)	Displacement (feet)	Accumulative Displacement (feet)
370	1 3/4	11.29	11.29
1113	1 1/2	19.47	30.76
1816	3/4	9.21	39 <b>.97</b>
2675	1 1/2	22.51	62.48
2922	2	8.62	71.10
4159	1 1/2	32 <b>.41</b> 26.20	10 <b>3.51</b> 129 <b>.7</b> 1
5 <b>1</b> 59	1 1/2	10.26	139.97
59 <b>42</b>	3/4 1	23.47	163.44
72 <b>83</b> 79 <b>7</b> 9	3/4	9.12	172.56
869 <b>5</b>	1 1/2	18.76	191.32
8795	$\frac{1}{1}\frac{1/2}{1/2}$	2.62	193.94
		Total displacement	193.94
form, and that suc	ify that I have personal kn L information given above i	s true and complete.  Signature	,
		MARCUM DRILLIN	G COMPANY
State of Texas	}	Company	
County of Midland	}		
day personally app name is subscribed same for the purpo	ne undersigned, a Notary Publicated <u>Delton Marcum</u> to the foregoing instruments and consideration therein	, known to me it, and acknowledged to in expressed and in the	to be the person whose me that he executed the capacity therein stated.
		THIS DAY OF	<u> </u>
My Commission Expi	res		
	) <u>_</u>	Alle of	m Li
	Noter	y Public in and for sai	d County and State