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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Amini Oil Company
Address
405 Wall Towers East - Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
OTHER THAN NEW WELL NOT RE
FILED IN 5/24/73
UNDER AN EXCEPTION TO 6-4070
IS OBTAINED

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------|--------------------------------|-----------------------------|-----------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| Shell "B" State | 1 | N. Vacuum Abo | State, Federal or Fee State | NM4160 |
| Location Unit Letter P ; 660 Feet From The South Line and 860 Feet From The East Line of Section 1 Township 17-S Range 34-E , NMPM, Lea 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"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Mobil Pipe Line Co. | Box 900 - Dallas, Texas 75221 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Phillips Petroleum Co. | Bartlesville, Okla. 74004 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | P | 1 | 17-S | 34-E | No | |

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | X | | X | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| 1-5-73 | 3-24-73 | | 8830 | | 8798 | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pcy | | Tubing Depth | | | |
| 4022 GR | Abo | | 8712 | | 8801 | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| 8712-8735 | | | | | 8830 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17 1/2" | 12-3/4" | | 365 | | 425 | | | |
| 11" | 8-5/8" | | 3295 | | 300 | | | |
| 7-7/8" | 5 1/2" | | 8830 | | 880 | | | |
| | 2-7/8" | | 8801 | | --- | | | |

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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| 3-24-73 | 3-26-73 | Pump | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hrs. | 35# | 35# | --- |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |
| | 110 | 10 | 71.5 |

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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.

Karin Godwin
(Signature)
Agent
(Title)
3-28-73
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
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 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.

INCLINATION REPORT

Field Name North Vacuum (Abo) County Lea State New Mexico
Operator Amini Oil Company Address 400 Wall Towers West Midland, Texas
Lease Name & No. Shell State "B" No. 1 Survey Totco

RECORD OF INCLINATION

| Depth (feet) | Angle of Inclination (degrees) | Displacement (feet) | Accumulative Displacement (feet) |
|--------------------|-----------------------------------|---------------------|-------------------------------------|
| 367 | 1 1/4 | 8.00 | 8.00 |
| 1471 | 1/4 | 4.86 | 12.86 |
| 2454 | 3/4 | 12.88 | 25.74 |
| 2901 | 1 1/4 | 9.74 | 35.48 |
| 3105 | 3/4 | 2.67 | 38.15 |
| 4325 | 2 | 42.58 | 80.73 |
| 4728 | 1 1/2 | 10.56 | 91.29 |
| 6645 | 2 | 66.90 | 158.19 |
| 6730 | 2 | 2.97 | 161.16 |
| 7914 | 1 1/2 | 31.02 | 192.18 |
| 8560 | 3 | 33.79 | 225.97 |
| 8830 | 2 3/4 | 12.96 | 238.93 |
| Total displacement | | | <u>238.93</u> |

Survey was run in Open Hole Distance to the nearest lease line _____ feet

Certification of personal knowledge of Inclination Data:

I hereby certify that I have personal knowledge of the data and facts placed on this form, and that such information given above is true and complete.

Delton Marcum
Signature

MARCUM DRILLING COMPANY
Company

State of Texas)
County of Midland)

Before me, the undersigned, a Notary Public in and for said County and State, on this day personally appeared DELTON MARCUM, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purpose and consideration therein expressed and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS 28th DAY OF March 19 73

My Commission Expires

Allen J. McLean
Notary Public in and for said County and State