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U.S.G.S.	
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

Operator Amini Oil Company		
Address 405 Wall Towers East - Midland, Tx. 79701		
Reason(s) for filing (Check proper box)		Other (Please explain) GAS MUST NOT BE
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	4/4/74
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	NOVATION TO R-4787
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shell "C" State	Well No. 1	Pool Name, including Formation Vacuum Abo North R-4782	Kind of Lease State, Federal or Fee State	Lease No. K-4605
Location Unit Letter <u>B</u> ; <u>800</u> Feet From The <u>North</u> Line and <u>2120</u> Feet From The <u>East</u> Line of Section <u>1</u> Township <u>17S</u> Range <u>34E</u> , 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"/> Mobil Pipe Line Co.	Address (Give address to which approved copy of this form is to be sent) Box 900 - Dallas, Tx. 75221			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Okla. 74004			
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 1	Twp. 17S	Rge. 34E
	Is gas actually connected?		When	
	No			

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12-28-73	Date Compl. Ready to Prod. 2-4-74		Total Depth 8910'		P.B.T.D. 8878'			
Elevations (DF, RKB, RT, GR, etc.) 4034.3 GR	Name of Producing Formation Abo		Top Oil/Gas Pay 8792'		Tubing Depth 8334'			
Perforations 8792-8846'					Depth Casing Shoe 8910'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	12-3/4"		360'		425 SX			
11"	8-5/8"		2997'		300 SX			
7-7/8"	5 1/2"		8910'		1150 SX			
	2-3/8"		8334'					

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 2-4-74	Date of Test 2-4-74	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 110#	Casing Pressure Packer	Choke Size 32/64"
Actual Prod. During Test	Oil-Bbls. 105	Water-Bbls. 9	Gas-MCF 67.5

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.

Harin Stephenson
(Signature)

Agent

(Title)

Feb. 25, 1974

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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 _____ County Lea State New Mexico
Operator Amini Oil Company Address 405 Wall Towers, East, Midland, Texas
Lease Name & No. Shell State "C" Survey Sec. 1, T-17-S, R-34-E

RECORD OF INCLINATION

Depth (feet)	Angle of Inclination (Degrees)	Displacement (feet)	Accumulative Displacement (feet)
350	1/4	1.54	1.54
840	1/4	2.16	3.70
1260	1/4	1.85	5.55
1745	1/2	4.22	9.77
2150	1/4	1.78	11.55
2647	1	8.70	20.25
3100	1/2	3.94	24.19
3550	1/4	1.98	26.17
4000	1/4	1.98	28.15
4415	1/4	1.83	29.98
4912	1/2	4.32	34.30
5405	1/2	4.29	38.59
5901	1/2	4.32	42.91
6365	1/4	2.04	44.95
6670	3/4	4.00	48.95
6935	3/4	3.21	52.16
7215	1	.90	57.06
7710	3/4	6.48	63.54
8200	1	8.58	72.12
8650	1	7.78	80.00
8800	1 1/2	3.93	83.93
8910	3/4	1.44	85.37
Total displacement			<u>85.37</u>

Survey was run in Open Hole Distance to the nearest lease line 8910 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.

Jo Barris
Signature

Chaparral Drilling Co., Inc.
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 Jo Barris, 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 14th DAY OF February, 1974

My commission Expires

June 1, 1975

Judy Turner, Midland County, Texas
Notary Public in and for said County and State