

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

STATE	
FEDERAL	
G.S.	
D OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

1. Operator: K. K. Amini  
Address: P. O. Drawer 3068, Midland, Texas 79701  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐  
Other **CASINGHEAD GAS MUST NOT BE FLARED AFTER 9/13/75 UNLESS AN EXCEPTION TO RULE 1104 IS OBTAINED.**

If change of ownership give name and address of previous owner  
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name: State-Com Well No.: 1 Pool Name, including Formation: North Vacuum Abo Kind of Lease: State Lease No.: K-5029  
Location: Unit Letter H : 460 Feet From The East Line and 1980 Feet From The North Line of Section 2 Township 17S Range 34E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
The Permian Corporation Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 3119, Midland, Texas 79701  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
Address (Give address to which approved copy of this form is to be sent)  
If well produces oil or liquids, give location of tanks. Unit H Sec. 2 Twp. 17S Rge. 34E Is gas actually connected? No When

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Rest'y.	Diff. Rest'y.
Date Spudded <u>4/30/75</u>	Date Compl. Ready to Prod. <u>7/18/75</u>	Total Depth <u>8764'</u>	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) <u>4045.3' G.L.</u>	Name of Producing Formation <u>Abo</u>	Top Oil/Gas Pay <u>8694-1/2 - 8712'</u>	Tubing Depth <u>8748'</u>					
Perforations <u>13 Shots (8694-1/2 - 8712')</u>		Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE <u>11"</u> <u>7-7/8"</u>	CASING & TUBING SIZE <u>8-5/8"</u> <u>4-1/2"</u> <u>2-3/8"</u>		DEPTH SET <u>1777'</u> <u>8764'</u> <u>8748'</u>		SACKS CEMENT <u>950</u> <u>700</u>			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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 <u>7/13/75</u>	Date of Test <u>7/17/75</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hours</u>	Tubing Pressure	Casing Pressure <u>30</u>	Choke Size
Actual Prod. During Test <u>82</u>	Oil - Bbls. <u>82</u>	Water - Bbls.	Gas - MCF <u>98</u>

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.

[Signature]  
(Signature)  
Comptroller  
(Title)  
July 22, 1975  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, '9  
BY [Signature]  
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.