

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

| | | |
|------------------|-----|--|
| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

I. Operator
K. K. Amini

Address
P. O. Drawer 3068, Midland, Texas 79701

Reason(s) for filing (Check proper box)

| | | | | | |
|---------------------|-------------------------------------|---------------------------|--------------------------|------------------------|--------------------------|
| New Well | <input checked="" type="checkbox"/> | Change in Transporter of: | | Other (Please explain) | |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> | Dry Gas | <input type="checkbox"/> |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> | Condensate | <input type="checkbox"/> |

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

CASINGHEAD GAS MUST NOT BE USED FOR ANY EXCEPTION TO 1-4070 IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

R-5102

| | | | | | |
|---|---------------|--|--|----------------|---------------------|
| Lease Name Gallagher-State | Well No. 1 | Pool Name, Including Formation North Vacuum ABO | Kind of Lease State, Federal or Fee | State State | Lease No. E-1816 |
| Location Unit Letter <u>B</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1780</u> Feet From The <u>East</u> Line of Section <u>2</u> Township <u>17S</u> Range <u>34E</u> , NMPM, <u>Lea</u> 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"/> 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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | 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 B | 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 X | Gas Well | New Well X | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 8/6/75 | Date Compl. Ready to Prod. 9/23/75 | Total Depth 8930' | P.B.T.D. 8835' | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4049.3' GL | Name of Producing Formation ABO | Top Oil/Gas Pay 8722' | Tubing Depth 8707' | | | | | |
| Perforations 15 shots (8722' x 8771') | | | Depth Casing Shoe | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE 11" | CASING & TUBING SIZE 8 5/8" | | DEPTH SET 1703' | | SACKS CEMENT 560 sks. | | | |
| 7 7/8" | 4 1/2" | | 8930' | | 750 sks. | | | |
| | 2 3/8" | | 8707' | | | | | |

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 9/23/75 | Date of Test 9/24/75 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hours | Tubing Pressure | Casing Pressure 35 | Choke Size |
| Actual Prod. During Test 88 | Oil-Bbls. 88 | Water-Bbls. TSM | Gas-MCF 127 |

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.

Comptroller

9/25/75

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.