

DISTRIBUTION			
SANTA FE			
FILE			
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 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:
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"/>
Other (Please explain)	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Exxon-State	Well No. 2	Pool Name, Including Formation North Vacuum Abo	Kind of Lease State, Federal or Fee State	Lease No. B-936
Location				
Unit Letter E ; 1980 Feet From The North Line and 860 Feet From The West				
Line of Section 1 Township 17S Range 34E , NMPM, Lea County				

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 Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1073, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74004	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 1
	Twp. 17S	Rge. 34E
	Is gas actually connected? Yes	When 12/12/75

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

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 Restv. <input type="checkbox"/>	Diff. Restv. <input type="checkbox"/>
Date Spudded 2/3/76	Date Compl. Ready to Prod. 4/6/76		Total Depth 8830		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 4039.9 GR	Name of Producing Formation Abo		Top Oil/Gas Pcy 8685		Tubing Depth 8678			
Perforations 15 shots (8685' - 8735')					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	12 3/4"	349'	450 sks.
11"	8 5/8"	3060'	1100 sks.
7 7/8"	4 1/2"	8830'	750 sks.
	2 3/8"	8678'	

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 4/6/76	Date of Test 4/7/76	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure 32	Choke Size
Actual Prod. During Test 125	Oil-Bbls. 125	Water-Bbls. TSM	Gas-MCF 140

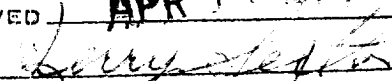
GAS WELL

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

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)
Comptroller
(Title)
4/9/76
(Date)

OIL CONSERVATION COMMISSION	
APPROVED	APR 14 1976
BY	
TITLE	SUPERVISOR DISTRICT 1
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.	

RECEIVED

MAY 15 1976

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION