Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT 11</u> P.O. Drawer DD, Anesis, NM 88210 <u>DISTRICT 111</u> 1000 Rio Brazos Rd., Aziec, NM 87410 I.	State of New Mexico Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									-104 1-1-89 tructions am of Page	
Operator Amerind Oil Company Li	mited P	artner	ship					API No. 025-2984			
Address 415 W. Wall Suite 500			·			<u> </u>		020 200			
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator XX	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate										
and address of previous operator Ame	rind Oi	<u>1 Co.</u>	415	5 W. Wa	ill Suite	e 500 M	idland,	TX 7970	)1		
II. DESCRIPTION OF WELL Lease Name State "3" Location Unit LetterB	AND LI . 67	Well No. 1	Ship	ame, Includ op Stra	North	e and213	State;	of Lease Sta Federal or Fe bet From The .		asc No. 125Line	
Section 3 Township	<u>, 175</u>		Range	37E	, N	MPM, L	ea			County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NAT Name of Authonzed Transporter of Oil XXX or Condensate					URAL GAS Address (Give address to which approved copy of this form is to be sent) P 0 Box 2528 Hobbs, NM 88240						
Name of Authorized Transporter of Casing Phillips 66 Nat'l Gas	ame of Authonized Transporter of Casinghead Gas XXX or Dry Gas					e address 10 m	ich approved	copy of this	form is to be se	nt)	
If well produces oil or liquids, give location of tanks.	Unu B	<b>Sec.</b> 3	<b>Twp.</b> 17S	<b>Rge.</b> 37 E	4001 Penbrook Odessa, Is gas actually connected? When Yes						
If this production is commingled with that a IV. COMPLETION DATA	from any out			ve comming	gling order nur	mber:					
Designate Type of Completion	- (X)	Oil Well		ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	I. Ready to	Prod.		Total Depth	L		P.B.T.D.		L	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing Shoe		
	TUBING, CASING AND				CEMENTI	NG RECOR	D	·			
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		<u> </u>	ACKS CEME	NT	
V. TEST DATA AND REQUES OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of 10 Date of Tes	iai volume I			Producing Me	ethod (Flow, pu			e for full 24 ho	urs.)	
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.				Waler - Bbls.			Gas- MCF			
GAS WELL								• • • • • • • • • • • • • • • • • • •		I	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) C				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the bast of my knowledge and belief. Signature Robert C. Leibrock Partner					OIL CONSERVATION DIVISION Date Approved					-	
Robert C. LerbrockPartnerPrinted NameTitle3/5/90915/682-8217DateTelephone No.					Title_	<u></u> ,		eologist			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II iff, and VI for changes of operator, well name or number, transporter, or other such changes.

MAR 6 1990 OCD HOBBS OFFICE

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