

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Amerind Oil Co.	
Address	500 Wilco Bldg., Midland, TX 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)	
<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> 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
		Show gas connection date

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
State "3"	1	Shipp Strawn	State, Federal or Fee State	V-1125
Location				
Unit Letter	B	679	Feet From The	North Line and 2130
		Feet From The	East	
Line of Section	3	Township	17S	Range
		37E		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"/>	Address (Give address to which approved copy of this form is to be sent)					
Texas-New Mexico Pipeline	P. O. Box 2528, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Phillips 66 Natural Gas Company	4001 Penbrook, Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	3	17S	37E	Yes	April 13, 1987

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature) Robert C. Leibrock
Vice President
(Title)
April 15, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED **APR 17 1987**, 19
BY Paul Kautz
Orig. Signed by
Geologist
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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	X	Gas Well		New Well	X	Workover		Deepen		Plug Back		Some Res'v.		Diff. Res'v.	
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Date Spudded		3/6/87		Date Compl. Ready to Prod.		11,373'		P.B.T.D.		11,348'	
Elevations (D.F., RKB, RT, CR, etc.)		3771' GL, 3785' KB		Name of Producing Formation		Top Oil/Gas Pay		11,241'		Tubing Depth	
Perforations		11,241-11,335		Casing & Tubing Size		13-3/8"		425'		350 sx cts "H"	
Hole Size		17-1/2"		Producing Method (Flow, pump, gas lift, etc.)		Flow		Casing Pressure		20/64"	
Length of Test		24 hrs		Tubing Pressure		580 psi		Water-Bbls.		Gas-MCF	
Actual Prod. During Test		523		TSTM		597		Choke Size		20/64"	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks		3/6/87		Length of Test		24 hrs		Actual Prod. During Test		523	
Producing Method (Flow, pump, gas lift, etc.)		Flow		Casing Pressure		20/64"		Water-Bbls.		Gas-MCF	
Tubing Pressure		580 psi		TSTM		597		Choke Size		20/64"	
Actual Prod. During Test		523		TSTM		597		Choke Size		20/64"	

GAS WELL

Actual Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pilot, back pr.)		Tubing Pressure (Shut-In)		Casing Pressure (Shut-In)		Choke Size	

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