STATE	e of	NEW	MEXICO	
ENERGY AND	MIN	FRAIS	DEPART	MENT

GAS

OPERATOR

I.

PROBATION OFFICE

		1	
DISTRIBUTIC	N		
SANTA PE	<u> </u>	╂	
U.1.0.8.		┼──	
LAND OFFICE	· · · · ·	1	†
TRANSPORTER	OIL		

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator					C	ABINGHE	D GAE	MUST N	OT IS
Amerind Oil Co.						LALED AS			
Address					U	ENLIGE AN	EXCEPT	TION TO	8.40%
500 Wil <u>co Building</u>	, Midland	. Texas	79701			B CHILAINI			•
Reason(s) for filing (Check proper box)		<u></u>		1	Other (Pleas	e explain)			
XX New Well	Change in '	Fransporter o	f:						
Recompletion	011		- 🗖 Þ	y Gas					
Change in Ownership		head Gas		ondensate		82	.27 a	CARA A	,
and address of previous owner <u>NC</u>		BEEN PLAC LOW. IF YO FICE.	CED IN T	HE POOL	R				
II. DESCRIPTION OF WELL AND	LEASE	last Maria Is	-1		1				·
State "3"	1	Shipp_S	trawn		-8451 1/81	Kind of Leas State, Federa	• 1 or F•• Sta	te	Lease No. V-1125
Unit Letter \underline{B} : <u>679</u> Line of Section 3 Town:	170			• and <u>2</u>	. NMPN		The Eas	<u>t</u>	County
III. DESIGNATION OF TRANSPO	RTER OF O			GAS	···				· · · · · · · · · · · · · · · · · · ·
Texas-New Mexico Pipelin	ne					8. Hobbs			•
Name of Authorized Transporter of Casin	ghead Gas 🔥	or Dry Gas		Address (Give address	8. Hobbs	ved copy of th	is form is to	be sent)
Phillips 66 Natural Gas	Coompany			4001	Penbrook	, Odessa,	Texas	79762	
	B Sec.	т _{тир.} 175	R	ls gas act	no	ed? White			
If this production is commingled with NOTE: Complete Parts IV and V			ry.	give comm	ingling orde	r number:	······································		

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.

Peter 2	1. Lei	first	
President	(Signature)	Robert M.	Leibrock
President			

(Tile) March 18, 1987 (Date)

OIL CO	NSERVATION DIVISION
APPROVED	MAR 2 3 1987 19
BYORIGINAL SI	GNED BY JERRY SEXTON
	NCT I SUPERVISOR
This form is to b	e filed in compliance with RULE 1104.
well, this form must b	at for allowable for a newly drilled or deepened e accompanied by a tabulation of the deviation il in accordance with RULE 111.
All sections of th	is form must be filled out completely for allow-

npietely for allow able 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	

	Oil Well Gas Wel	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Completio	$n = (X)$ χ	X			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
1/27/87	3/6/87	11,373'	11,348'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
3771' GL, 3785' KB	Strawn	11,241'	11,177'		
Perforationa			Depth Casing Shoe		
11,241 - 11,335			11,372'		
	TUBING, CASING,	ND CEMENTING RECORD			
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
17 1/2"	13 3/8"	425'	350 sx Cls H		
11"	8 5/8"	4,200'	11 sx PSL, 200 sx Cls C		
7 7/8"	5 1/2"	11,373'	400 Cls H, 620 sx Cls C ne		
	2 3/8"	11,177'			

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-OIL WELL able for this depth or be for full 24 hows)

Date First New Oil Run To Tanks	Date of Teet	Producing Method (Flow, pur	Producing Method (Flow, pump, gas lift, etc.)		
3/6/87	3/17/87	flow			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
24 hrs	<u>580 psi</u>		20/64"		
Actual Prod. During Test	Oil-Bbis.	Water-Bble.	Gae - MCF		
	523	TSTM	597		

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-12)	Casing Pressure (Shut-in)	Choke Size