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DISTRICT II

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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## **OIL CONSERVATION DIVISION** P.O. Box 2088

P.O. Drawer DD, Artena, NM 88210	Sa	nta Fe, New M	lexico 875(	14-2088					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		<b>1111 1 0, 110 0</b>							
	REQUEST FO								
I. Operator	TO TRA	NSPORT OI	L AND NA	TURAL G					
•						API No.			
<u>Amerind Oil Co.</u>		<u></u>		<u></u>	30	-025-30148			
500 Wilco Bldg, Mi	dland Texas 7	9701							
Remon(s) for Filing (Check proper box)	urunu; rexus /		KX Oth	er (Please expl	ain) Re-	entry			
New Well XX	Change in	Transporter of:				GAS MUST	NOT R	F	
Recompletion	ou 🗌	Dry Gas						· • •	
Change in Operator	Casinghead Gas	Condensate		FLA	RED AFTI	ER <u>1-/-</u>			
f change of operator give name ad address of previous operator					ESS AN BTAINE	EXCEPTION 1	U.R-41	170	
I. DESCRIPTION OF WELL	ANDIFASE			15-0	PIAME	-			
Lease Name		Pool Name, Includ	ing Formation		Kind	of Lease State	L	esse No.	
State MTS "X"	1	Shipp Str	-	· · ·	•	Fodorel en Fos	V-6		
Location Bitt: I	2310	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	fourth		334	3	. A		
Unit Letter <u>54</u> , I	. 1830	Feet From The St		and660	F	eet From The <u>Ea</u>	ist	Line	
2	170	275							
Section 2 Townsh	ip 175	Range 37E	, NR	ирм,	Lea			County	
II. DESIGNATION OF TRAN	SPORTER OF OI		DAL CAS						
Name of Authorized Transporter of Oil	. DESIGNATION OF TRANSPORTER OF OIL AND NATU			Address (Give address to which approved copy of this form is to be sent)					
JM Petroleum Corp	Petroleum Corp			2323 Bryan, Lock Box 185, Dallas, TX 75201					
Name of Authorized Transporter of Casin	ghead Gas	or Dry Gas				copy of this form			
								·	
If well produces oil or liquids,	Unait Sec.	Twp. Rge.	Is gas actually	connected?	When	7			
ive location of tanks.	<u> </u>	17SI 37E			1				
this production is commingled with that V. COMPLETION DATA	from any other lease or p	ool, give commingi	ling order numb	er				<u> </u>	
V. COMPLETION DATA	Oil Well	Gas Well	New Well	Wethere		Due Deab Co-			
Designate Type of Completion				workover	Deepen	Plug Back Sam	KCS V	Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth		L	P.B.T.D.	<u> </u>		
1/30/89	3/3/89		11,9	980 MD		11,934	1' MD		
Levations (DF, RKB, RT, GR, etc.)	Name of Producing For	Top Oil/Gas Pay			Tubing Depth				
3746' GL	Strawn		11,8	329'		11,819			
efonations One hole each @ 336; 837; 838; 839; 844	11,829; 830; n' 841' 842' 8	831', 832' 43' 844' 8	833', 8	334', 83	5' <b>,</b>	Depth Casing Sh			
,,,,,,,, .	TIBING (	CASING AND	<u>75, 040,</u>	047, 040	<u>, 649,</u> D	050 . 1	1,980'		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE		DEPTH SET		<u> </u>	SACKS CEMENT			
17-1/2"	12-3/4"		403'			350 sx C1s C			
11"	8-5/8"		4500'			1450 PSL, 200 sx C1s C			
7-7/8"	5-1/2"	11980'			550 sx C1s H				
5-1/2"	2-3/8"			11819'					
. TEST DATA AND REQUES									
	ecovery of total volume of	fload oil and must					11 24 hour	<b>3.)</b>	
hate First New Oil Run To Tank	Date of Test	10/00		hod ( <i>Flow, pu</i>	mp, gas lýt, e	ic.)			
agth of Test	5/9 - 5/ Tubing Pressure	10/89	Flowin Casing Pressur			Choke Size	<u> </u>		
24 hrs	60-90 psig		(pkr)			16/64"			
ctual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gae- MCF			
	41		(	)		35			
GAS WELL	A					• • • • • • • • • • • • • • • • • • • •			
ctual Prod. Test - MCF/D	Length of Test		Bols. Condens	IE/MMCF		Gravity of Conde	anie		
sting Method (pilot, back pr.)	Tubing Pressure (Shut-is	a)	Casing Pressur	e (Shut-is)		Choke Size	<u> </u>		
L OPERATOR CERTIFIC	ATE OF COMPL	JANCE							
I hereby certify that the rules and regula	tions of the Oil Conserva	tion		IL CON	SERV	ATION DIV			
Division have been complied with and t	MAY 1 5 1989				0				
is true and complete to the best of my k	nowledge and belief.		Date	Approved	1 1		130	J	
N LH									
Signature	ByORIGINAL SIGNED BY JERRY SEXTON								
Robert C. Leibrock	Vice Pres	ident			DISTRICT	SUPERVISOR			
Printed Name	1	lile	Title_						
<u>May 11, 1989</u>	915/682-8								
Date	Teleph	none No.							

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.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

MAY 1 5 1988 OCD HOBBS OFFICE

RECENTED

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