

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
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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 Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "2"	Well No. 1	Pool Name, Including Formation Shipp Strawn	Kind of Lease State, Federal or Fee State	Lease No. V-654
Location Unit Letter <u>F</u> : <u>2020</u> Feet From The <u>North</u> Line and <u>2130</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>17S</u> Range <u>37E</u> , 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"/> Texas-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) 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"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 2	Twp. 17S	Rge. 37E	Is gas actually connected? yes	When 6/23/88

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)

June 24, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY _____ ORIGINAL SIGNATURE

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
5/17/88	6/15/88		11,770'			11,725'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
3756' GL, 3772' KB	Strawn		11,608'			11,547.88'			
Perforations						Depth Casing Shoe			
11,608' - 11,672'						11,770			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
17 1/2"	12 3/4"		373			350 sx Cls C			
11"	8 5/8"		4,500			1600 sx Cls C			
7 7/8"	5 1/2"		11,770			350 sx Cls C			
	2 7/8"		11,547.88						

V. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6/15/88	6/23-24/88	flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	285	(pkr)	24/64
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	511	0	452

GAS WELL

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

WELL NAME AND NUMBER State "2" #1 2020/N + 2130/W 7008

LOCATION Section 2, T17S, R37E, Lea County, New Mexico
(New Mexico give U.S.T. & R. - Texas give S, BLK, SURV. and TWP)

OPERATOR Amerind Oil Company

DRILLING CONTRACTOR MORANCO Drilling, Inc.

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

Degrees and Depth	Degrees and Depth	Degrees and Depth	Degrees and Depth
1/4 400	1 6000	4 1/2 9710	
1/2 906	1 6500	4 9798	
3/4 1450	1 7006	3 1/4 9982	
3/4 1943	1 3/4 7446	3 3/4 10114	
1/4 2448	2 1/4 7976	3 10209	
0 2764	1 3/4 8088	3 10560	
3/4 3266	1 3/4 8563	2 11063	
1/2 3769	1 3/4 9005	2 11315	
3/4 4307	3 9155	2 11770	
1/2 4500	3 1/4 9215		
1 1/4 4958	3 1/2 9417		
1 5493	4 1/4 9512		

Drilling Contractor MORANCO Drilling, Inc.

By Wiley Gilmore - Marketing Manager

Subscribed and sworn to before me this 16th day of June 19 88

My Commission expires:
January 30, 1989

Susie Branyon
Notary Public Susie Branyon
Lea County, New Mexico