

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Table with columns for Distribution (Santa Fe, File, U.S.D.S., Land Office, Transporter, Operator, Production Office) and checkboxes for Oil and Gas.

Operator: Dwight A. Tipton

Address: c/o Oil Reports & Gas Services, Box 763, Hobbs, NM 88240

Reason(s) for filing (Check proper box): New Well, Recompletion, Change in Ownership, Change in Transporter of Oil, Dry Gas, Casinghead Gas, Condensate. Other: Effective 9-1-84

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE: Lease Name (Crown), Well No. (1), Pool Name (House Drinkard), Kind of Lease, Fee, Location (Unit B, 2310 Feet From The East Line and 330 Feet From The North, Line of Section 13, Township 20S, Range 38E, NMPM, Lea County)

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS: Name of Authorized Transporter of Oil (Navajo Refining Company), Address (P. O. Box 159, Artesia, New Mexico 88210), Name of Authorized Transporter of Casinghead Gas (El Paso Natural Gas Company), Address (P. O. Box 1492, El Paso, TX 79978), Unit (B), Sec. (13), Twp. (20S), Rge. (38E), Is gas actually connected? (Yes), When (3/20/64)

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

COMPLETION DATA: Designate Type of Completion (X), Date Spudded, Date Compl. Ready to Prod., Total Depth, P.B.T.D., Elevations (DF, RKB, RT, GR, etc.), Name of Producing Formation, Top Oil/Gas Pay, Tubing Depth, Perforations, Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD: HOLE SIZE, CASING & TUBING SIZE, DEPTH SET, SACKS CEMENT

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)

Table with columns: Date First New Oil Run To Tanks, Date of Test, Producing Method (Flow, pump, gas lift, etc.), Length of Test, Tubing Pressure, Casing Pressure, Choke Size, Actual Prod. During Test, Oil-Bbls., Water-Bbls., Gas-MCF

GAS WELL: Actual Prod. Test-MCF/D, Length of Test, Bbls. Condensate/MMCF, Gravity of Condensate, Testing Method (pitot, back pr.), Tubing Pressure (shut-in), Casing Pressure (shut-in), Choke Size

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 best of my knowledge and belief.

Signature: [Handwritten Signature], Agent (Title), 8/21/84 (Date)

OIL CONSERVATION DIVISION AUG 22 1984 APPROVED BY Eddie W. Seay Oil & Gas Inspector

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.

RECEIVED

AUG 22 1984

O.C.D.
HOBBS OFFICE