Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-025-27014 Dwight A. Tipton Address 755, Hobbs, NM 88241 C/G Oil Reports
Reason(s) for Filing (Check proper box) & Gas Services, Inc., P. Box Other (Please explain) New Well Change in Transporter of: Dry Gas Oil Recompletion Effective 7/1/90 $\overline{\overline{\mathbf{x}}}$ Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator Adobe Resources Corp., 300 W. Texas, Suite 1100, Midland, TX 79701 II. DESCRIPTION OF WELL AND LEASE LC-065525 Well No. Pool Name, Including Formation Kind of Lease Lease No. Lease Name Span Federakur Fee Elliott Federal Wantz Abo Above Location 1980 Feet From The North Line and 660 _ Feet From The _ Township 21S Range 38E , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate XX 2000 N. Dallas, TX 75240 Tower, JM Petroleum Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) XX or Dry Gas O. Box 3000, Tulsa, OK 74102 Texaco Producing Inc When? is gas actually connected? Rge. If well produces oil or liquids, Unit Sec. Twp. give location of tanks. Н 8 21S 38E Yes 4/30/82 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prod Top Oil/Gas Pay Tubing Depth Elevations (DF. RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET 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 allowable for this depth or be for full 24 hours OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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 Date Approved __ Wours By_ Signature Donna Holler Agent

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

8/14/90

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

Telephone No

-393-2727

- 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.