

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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
Dwight A. Tipton

Address
c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs, New Mexico 88241

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of	<input type="checkbox"/> Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	To show gas connection
<input type="checkbox"/> Change in Ownership	<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 "DX"	Well No. 1	Pool Name, including Formation Wildcat - Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No. V-1529
Location Unit Letter <u>F</u> : <u>1979.5</u> Feet From The <u>North</u> Line and <u>1989.65</u> Feet From The <u>West</u>				
Line of Section <u>33</u> Township <u>10S</u> Range <u>32E</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"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	P. O. Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Company	P. O. Box 1589, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>F</u> Sec. <u>33</u> Twp. <u>10S</u> Rge. <u>32E</u>	Yes <u>2/26/86</u>

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.

Dwight A. Tipton
(Signature)
Agent
(Title)
2/26/86
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 27 1986, 19____
BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
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.

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LTR



Job separation sheet

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ENERGY AND MINERALS DEPARTMENT

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I. Operator
Dwight A. Tipton

Address
c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs, New Mexico 88241

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) CASINGHEAD GAS MUST NOT BE PLAINED AFTER 3/11/86 UNLESS AN EXCEPTION TO R-1070 IS OBTAINED
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<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 "DX"	Well No. 1	Pool Name, including Formation Wildcat - Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No. V-1529
Location Unit Letter <u>F</u> : <u>1979.5</u> Feet From The <u>North</u> Line and <u>1989.65</u> Feet From The <u>West</u> Line of Section <u>33</u> Township <u>10S</u> Range <u>32E</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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>F</u> , Sec. <u>33</u> , Twp. <u>10S</u> , Rge. <u>32E</u>	No

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.

Ronna Hallett
(Signature)
Agent
(Title)
1/15/86
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 16 1986, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
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
		X		X	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		
Re-entry 12/6/85	1/11/86		11,334		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		
4343GR	Wolfcamp		8752		
Perforations					
8752-8768					
TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE		DEPTH		
17 1/2	13 3/8		4		
11	8 5/8		35		
5 1/2	5 1/2		3127 -		

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method
1/11/86	1/14/86	Pump
Length of Test	Tubing Pressure	Casing Pressure
24 hours		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
	78	30

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)

Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	P.B.T.D.		
	8968		
	Tubing Depth		
	8800		
	Depth Casing Shoe		
	10,349		
ID			
ET	SACKS CEMENT		
	315		
	1475		
349	975		

Time of load oil and must be equal to or exceed top allowable (v, pump, gas lift, etc.)

Choke Size
Gas - MCF
150

Gravity of Condensate
Choke Size

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