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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISS.
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Tipton & Denton	
Address c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE PLACED AHEAD <u>10/29/78</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input checked="" type="checkbox"/> Re-entry	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Tapp-State	Well No. 1	Pool Name, Including Formation Flying "N" Abo	Kind of Lease State, Federal or Fee State	Lease No. E-7481
Location				
Unit Letter 0	660	Feet From The South	Line and 1980	Feet From The East
Line of Section 22	Township 9S	Range 33E	, NMPM, Lee	County

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)					
Mobil Oil Corp. (trucks)	D. C. Kennedy, P. O. Box 900, Dallas, TX 75221					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	22	9S	33E	No	

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input checked="" type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded Respud 8/3/78	Date Compl. Ready to Prod. 8/29/78		Total Depth 9663		P.B.T.D. 8850			
Elevations (DF, RKB, RT, GR, etc.) 4349	Name of Producing Formation Abo		Top Oil/Gas Pay 8762		Tubing Depth 8817			
Perforations 8762-80					Depth Casing Shoe 9648			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15	10 3/4	266	250
9 7/8	7 5/8	4150	350
6 3/4	4 1/2	9648	350
	2 3/8	8817	

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 8/29/78	Date of Test 8/29/78	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 8 bbls Fluid	Oil-Bble. 7	Water-Bble. 1	Gas-MCF 10

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Donna Haller
(Signature)
Agent
(Title)
8/30/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 31 1978**, 19
BY *[Signature]*
TITLE **SUPERVISOR DISTRICT I**

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.