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

## 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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	OTRAN	ISPORT	OIL	AND NA	TURAL GA					
Operator							Well A	API No.			
Dwight A. Tipton								<del></del>			
Address c/o OI1 Reports & Gas	Corrido	va Tno	D (	n R	lov 755	Hobbs 1	NM 8824	.1			
Reason(s) for Filing (Check proper box)	Service	25, 1110	., 1.	J. D		er (Please expla		· <u> </u>			
New Well	(	Change in T	ransporter of	f:	<u> </u>						
Recompletion	Oil		Эгу Сав		1	Eff. 1/1,	/91				
Change in Operator	Casinghead		Condensate								
If change of operator give name											
and address of previous operator							· · · · · · · · · · · · · · · · · · ·	<del> </del>		<del></del>	
II. DESCRIPTION OF WELL	AND LEA	SE					·				
Lease Name				of Lease Lease No.							
State "CZ"	1 Jenkins SA State French LG-4129										
Location	1	. 980			South		660 _		West		
Unit LetterL	. :	F	eet From Th	he	South Lin	and	Fe	et From The.		Line	
Section 27 Township	, 9s	F	Range	35E	N,	MPM, L	ea			County	
III. DESIGNATION OF TRAN	SPORTER	OF OII	. AND N	ATII	RAL GAS						
Name of Authorized Transporter of Oil		or Condensa			Address (Giv	e address to w	hich approved	copy of this f	orm is to be se	nt)	
Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)  Enron Oil Trading & Transportation Co. P. O. Box 1188, Houston, TX 77251-1188											
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)											
None											
If well produces oil or liquids, Unit Sec. Twp. Rge.					Is gas actually connected? When ?						
give location of tanks.	L			5E	No						
If this production is commingled with that f	rom any othe	r lease or po	ol, give com	nmingl	ing order num	Der:					
IV. COMPLETION DATA		Oil Well	Gas W	Zall	New Well	Workover	Deepen	Diva Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	· (X)	l On wen	I Gas w	CII	I New Well	j workover	Deepen	Tiug Dack	logue ves a	l Res	
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						
								<u> </u>			
TUBING, CASING AND											
HOLE SIZE	ING & TUB	ING SIZE		DEPTH SET			SACKS CEMENT				
								ļ			
V. TEST DATA AND REQUES	T FOR A	LLOWAI	RLE		L			I			
OIL WELL (Test must be after re	covery of total	al volume of	load oil and	i must	be equal to or	exceed top allo	owable for this	depth or be	for full 24 hour	rs.)	
Date First New Oil Run To Tank	Date of Test					thod (Flow, pu					
		Caria Danasa				Choke Size					
ength of Test Tubing Pressure					Casing Press.	110					
Actual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF			
Actual Flow During Test Off - Dots.											
CACWELL	<u>.                                    </u>	<del></del>									
GAS WELL Actual Prod. Test - MCF/D	Length of To	est	A-100.0-7-		Bbls. Conden	sate/MMCF		Gravity of C	Condensate		
Applied 100: 101:12	- Longer of Four										
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	Choke Size		
								<u> </u>			
VI. OPERATOR CERTIFICA	ATE OF	COMPL	JANCE			NI 001	IOED) (	ATION	רוז יוכיכ	NR I	
I hereby certify that the rules and regulations of the Oil Conservation					(	DIL CON	19EHV	ATION	חומוטור	ЛN .	
Division have been complied with and that the information given above											
is true and complete to the best of my k	nowieage and	ı ocuei.			Date	Approve	d		· · · · · ·	<del></del>	
11/11/11											
Deserie Jole						By <u>a w≄ (14. 11. 11. 11. 11. 11. 11. 11. 11. 11. </u>					
Signature Donna Holler			ent				_ <del></del>	4.1			
Printed Name			Title	o <del>-</del>	Title						
1/31/91 Date			-393-27. nome No.	<u> </u>							
Date		. c.cpr			H						

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 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.