

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

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

NO. OF COPIES RECEIVED	
DEPARTMENT	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTED	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

1. Operator
Tipton, Denton & 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	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☒
		Dry Gas	☐
		Condensate	☐

If change of ownership give name
and address of previous owner

2. DESCRIPTION OF WELL AND LEASE

Lease Name Ainsworth	Well No. 1	Pool Name, including Formation Flying "M" Abo	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter F ; 2030 Feet From The North Line and 1980 Feet From The West				
Line of Section 23 Township 9 S Range 33 E , NMPM, Lea County				

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Mobil Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas 75221	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, OK 74102	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 23
	Twp. 9S	Range 33E
	Is gas actually connected? Yes	When 1/4/78

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

4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Since Res't.	Choke
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DE, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing Depth			
Perforations					Depth Casing Shoe			

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

5. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing 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	Gbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Testing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

6. 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.

ORIG. SIGNED BY DONNA HOLLER

(Signature)

Agent

(Date)

1/4/78

(Data)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
Orig. Signed By
BY **Jerry Sexton**
Dist. 1, Supv.
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 calculation of the deviation curve taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable to be considered recompletable.

Fill out only Sections I, II, III, and VI for changes of name, well name or number, or transporter, or other such change of condition.

RECEIVED

JAN 18 1978

OIL CONSERVATION COMM.
HOBBS, N. M.