				5	
	DISTRIBUTION			Form C-104	
	FILE	V REQUES	T FOR ALLOWABLE AND	Supersedes Old C-104 and C-1 Effective 1-1-65	
	J.S.G.S.		ANSPORT OIL AND NATURAL	GAS DISCUSSION	
	LAND OFFICE			- GAS RECEIVED	
	TRANSPORTER GAS			JUN 1 9 1981	
1.	PRORATION OFFICE				
1.	Operator			<u>O_C_</u>	
	Tom L. Ingram			ARTESLY C	
	P.O. Box 1757 R	oswell, New Mexico 88201			
	Reason(s) for filing (Check proper b		CASINGHEADinGA	AS MUST NOT BE	
	New Well X	Change in Transporter of:	FLARED AFTER	<u><u><u>r-16-81</u></u></u>	
	Recompletion Change in Ownership	Oil Dry C Casinghead Gas Cond		EPTION TO Rule 306	
	If change of ownership give name		Ey# 2-529	Until Further Notice	
	and address of previous owner	· · · · · · · · · · · · · · · · · · ·			
i <b>I</b> .	DESCRIPTION OF WELL AN	Well No. Popl Nage, including	-26-81 Formation Kind of Lev	ase Lease No.	
	Pogo State	1 Wildest SA	State, Fede	eral or Fee State L-5343	
		50 Feet From The South	Ine and Feet From	East East	
	16		•	aves County	
, 7				County	
	Name of Authorized Transporter of (		Address (Give address to which app	roved copy of this form is to be sent)	
j	Navajo Crude Oil Puro		P.O. Box 175, Artesi	-	
	Name of Authorized Transporter of C None	Casinghead Gas 🗌 — cr Dry Gas 🦳	Address (Give address to which app	roved copy of this form is to be sent)	
	If well produces oil or liquids,	Unit Sec. Twp. Ege.		Vhen	
	give location of tanks.	P 16 7 S 28 E			
	COMPLETION DATA	with that from any other lease or pool	, give commingling order number:		
	Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	3/31/81	6/16/81	2523	2489	
	Elevations (DF, RKB, RT, GR, etc., 3992 GR	Name of Producing Formation San Andres (P-1)	Top Oil/Gas Pay 2278 (0il)	Tubing Depth 2485	
ł	Perforations			Depth Casing Shoe	
	2293, 2300, 16,18,20,2	24,26,28,30,32,34,36,40,4	1	2523	
ļ			D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
┟	<u>12 1/4</u> 7 7/8	<u> </u>	256	160	
$\left  \right $	///0	2 3/8	2485	150	
[					
	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 allow able for this depth or be for full 24 hours)				
	Date First New Oil Run To Tanks 5/14/81	Date of Test 6/16/81	Producing Method (Flow, pump, gas Pumping 1 1/2" Rod Pu		
┝	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24 hrs.	_	10 psig	`	
[	Actual Prod. During Test	Cil-Bble.	Water - Bbis.		
l	24 hrs.	8		1 (TSTM)	
ſ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
. (	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
t			APPROVED JUN 2 2 1981		
C	Commission have been complied	with and that the information given be best of my knowledge and belief.	BY_Mahr	11 allama	
-		A	TITLEOIL AND GAS INSPECTOM		
	Jon & deg cam		This form is to be filed in	compliance with RULE 1104.	
	Jom MO	naturel	If this is a request for allo well this form must be accomp	wable for a newly drilled or deepened senied by a tabulation of the deviation	
	Operator		tests taken on the well in accord	ordance with RULE 111.	

Operator 6/17/81

(Date)

(Title)

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 allow-able 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. Security Forms C-104 must be filled for each cool in multiply

## INCLINATION REPORT

TOM L. INGRAM 100 South Kentucky Roswell, New Mexico

TOM L. INGRAM #1 Pogo State 660' FSL & 660' FEL Sec. 16, T-7-S, R-28-E Chaves County, NM

## RECORD OF INCLINATION

Depth (feet)	Angle of Inclination (degrees)	Displacement (feet)	Accumulative Displacement (feet)
260	1	4.55	4.55
/72	1	8.89	13.44
126 <b>2</b>	1	8.81	22.25
1762	1	8.75	31.04
2303	3/4	7.09	38.13
25 <b>23</b>	3/4	2.88	41.01

I hereby certify that I have personal knowledge of the data and facts placed on this report, and that such information is true and complete.

TOM L. INGRAM

Sworn and Subscribed before me, this the <u>14th</u> day of <u>May</u>, 1981.

OFFICIAL SEAL MARGARET P. COCHRAN 30000000 NOTARY PUBLIC - NEW MEXICO NOTARY BOND FLED WITH SECRETARY OF STATE \$ - My Commission Exp res 10/21/84

Notary Public in and for Chaves County, NM