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Form C-104  
 Revised 10-01-78  
 at 06-01-83  
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STATE OF NEW MEXICO  
 ENERGY AND MINERALS DEPARTMENT

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**OIL CONSERVATION DIVISION**  
 P. O. BOX 2088  
 SANTA FE, NEW MEXICO 87501

**REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator Tom L. Ingram

Address P. O. Box 1757, Roswell, NM 88201

Reason(s) for filing (Check proper box) Other (Please explain)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Solt-State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Artesia (Queen, Grb, SA)</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-3823</u>
Location				
Unit Letter <u>0</u>	<u>660</u> Feet From The <u>FSL</u> Line and <u>1980</u> Feet From The <u>East</u>			
Line of Section <u>5</u>	Township <u>18-S</u>	Range <u>28-E</u>	<u>NMPM</u> , <u>Eddy</u> 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"/> <u>Navajo Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 159, Artesia, NM 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>S B4 Phillips Bldg, Bartlesville, OK 74004</u>
If well produces oil or liquids, give location of tanks. Unit <u>0</u> Sec. <u>5</u> Twp. <u>18-S</u> Rge. <u>28-E</u>	Is gas actually connected? <u>No</u> When <u>Post ID-2</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 7-12-85  
Comp + BK

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.

Tom L. Ingram  
 Operator (Signature)

7/9/85  
 (Date)

**OIL CONSERVATION DIVISION**

APPROVED JUL 11 1985, 19\_\_

BY ORIGINAL SIGNED  
BY LARRY BROOKS  
 TITLE GEOLOGIST - NMOCC

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-8-85	Date Compl. Ready to Prod. 6-26-85	Total Depth 3500		P.B.T.D. 3459				
Elevations (DF, RKB, RT, GR, etc.) 3648 KB	Name of Producing Formation <i>Adobe - SA</i>	Top Oil/Gas Pay 1970		Tubing Depth 3237				
Perforations 2648 - 3252, 1970 - 2374						Depth Casing Shoe 3500		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		352		250			
7 7/8"	5 1/2"		3500		900			
	<i>2 3/8</i>		<i>3237</i>					

V. 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6-1-85	Date of Test 6-27-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure 0	Choke Size --
Actual Prod. During Test	Oil - Bbls. 33	Water - Bbls. 20	Gas - MCF 42

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (Flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size