

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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JUL 22 1985
O. C. D.
ARTESIA, OFFICE
OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

**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)

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

Other (Please explain)
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 9-30-85
UNLESS AN EXCEPTION TO:
RULE 306 IS OBTAINED ✓
EY 2-723 until 11/1/86

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Solt-State	Well No. 2	Pool Name, including Formation Artesia (Queen, Grb, SA)	Kind of Lease State, Federal or Fee	State State	Lease No. B-3823
Location Unit Letter <u>P</u> : <u>330</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>5</u> Township <u>18-S</u> Range <u>28-E</u> , NMPM, <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"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) S B4 Phillips Bldg, Bartlesville, OK 74004
If well produces oil or liquids, give location of tanks.	Unit <u>P</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 FD-2</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 8-2-86
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.

Joseph Y. Ingram
Engineer (Signature)
7-19-85
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 30 1985, 19____

BY _____ Original Signed By
Les A. Clements
TITLE _____ Supervisor District II

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. 7-18-85	Total Depth 3500'			P.B.T.D. 3433			
Elevations (DF, RKB, RT, GR, etc.) 3649 KB	Name of Producing Formation Grybg, SA	Top Oil/Gas Pay 1976			Tubing Depth 3250			
Perforations 2890-3241, 1976-2391					Depth Casing Shoe 3500			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
12 1/4"	8 5/8"	351			200			
7 7/8"	5 1/2"	3500			900			
	2 3/8"	3250						

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 7-8-85	Date of Test 7-18-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure --	Casing Pressure --	Choke Size ---
Actual Prod. During Test 7	Oil-Bble. 27	Water-Bble. 37	Gas-MCF 30

GAS WELL

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