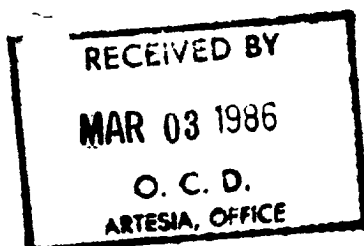


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Other (Please explain)

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>2</u>	Pool Name, including Formation <u>Artesia (Queen, Grb, SA)</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>B-3823</u>
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>	<u>NMPM</u>	County <u>Eddy</u>

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 checked="" 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>P</u> Sec. <u>5</u> Twp. <u>18-S</u> Rge. <u>28-E</u>
Is gas actually connected?	<u>Yes</u>
When	<u>2-20-86</u>

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

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
(Signature)
Operator
(Title)
2-27-86
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 5 1986, 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
8-85	7-18-85		3500		3433			
Elevations (DE, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
9649 KB	Grybg, SA		1978		2250			
Relocations					Depth Casing Shoe			
Perforations					3500			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	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 off and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
8-85	7-18-85	Pumping
Length of Test	Tubing Pressure	Casing Pressure
24 hrs		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
	27	37
		30

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