

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 08-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DEC 23 1985

O. C. D.

I. Operator Tom L. Ingram ✓

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

Reason(s) for filing (Check proper box)

☒ New Well ☐ Recompletion ☐ Change in Ownership

Change in Transporter of:

☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate

Other (Please explain) _____

CASINGHEAD GAS MUST NOT BE FLARED AFTER 3-1-86 UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED ✓

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>3</u>	Pool Name, including Formation <u>Artesia - Qn, 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>990</u> Feet From The <u>South</u> Line and <u>1650</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"/> <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>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 #D-2 1-3-86</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)

12-20-85

(Date)

OIL CONSERVATION DIVISION

DEC 30 1985

APPROVED _____, 19 _____

BY _____ Original Signed By

Les A. Clement

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 9-30-85	Date Compl. Ready to Prod. 12-5-85		Total Depth 3020		P.B.T.D. 2955				
Elevations (DF, RKB, RT, GR, etc.) 3641 GR	Name of Producing Formation Penrose, Grayburg, SA		Top Oil/Gas Pay 1685		Tubing Depth 2777				
Perforations 1685-1760, 1961-2135, 2188-2369						Depth Casing Shoe 3020			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 $\frac{1}{4}$		8 5/8		352		200 SXS			
7 7/8		5 $\frac{1}{2}$		3020		725 SXS			
		278		2777					

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 12-12-85	Date of Test 12-18-85	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hr	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil-Bbls. 25	Water-Bbls. 50	Gas-MCF 18

GAS WELL

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