



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 08-01-83  
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:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

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 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: Post ID-2 3-2-86 Add GT, PP

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  
2-27-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 5 1986, 19\_\_\_\_  
BY Original Signed By  
Les A. Clements  
TITLE Supervisor District 1

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.
		X		X					
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 1/2	8 5/8		352			200 SXS			
7 7/8	5 1/2		3020			725 SXS			
	2 3/8		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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size