

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PROMOTION OFFICE	

OIL CONSERVATION DIVISION

RECEIVED BY

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

DEC -3 1985

REQUEST FOR ALLOWABLE  
AND

ARTESIA 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 <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	CASINGHEAD GAS MUST NOT BE FLARED AFTER 2-20-86 NEEDS AN EXCEPTION TO: RULE 316 IS OBTAINED
Change in Transporter of: <input type="checkbox"/> Oil <input 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 Salt-State	Well No. 4	Pool Name, including Formation Artesia (Queen, Grb, SA)	Kind of Lease State, Federal or Fee	State	Lease No. B-3823
Location Unit Letter P ; 330 Feet From The South Line and 330 Feet From The East Line of Section 5 Township 18-S Range 28-E, NMPM, Eddy 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 P	Sec. 5	Twp. 18-S	Rge. 28-E	Is gas actually connected? No.	When Post 511-2

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.

  
Operator (Signature)  
12-3-85 (Date)  
(Title)

OIL CONSERVATION DIVISION

APPROVED DEC 23 1985  
Original Signed By  
Les A. Clements  
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.
		X							
Date Spudded 10-15-85	Date Compl. Ready to Prod. 11-15-85	Total Depth 3039			P.B.T.D. 2980				
Elevations (DF, RKB, RT, GR, etc.) 3640.68 GR	Name of Producing Formation Penrose, Grayburg, SA	Top Oil/Gas Pay <del>1740</del> 1724			Tubing Depth 2745				
Perforations 2150-2414, 1989-2154, 1724-1740						Depth Casing Shoe 3032			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 $\frac{1}{4}$		8 5/8		350		225			
7 7/8		5 $\frac{1}{2}$		3032		800			
		2 3/8		2745					

#### 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 11-29-85	Date of Test 12-2-85	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil - Bbls. 50	Water - Bbls. 15	Gas - MCF 50

#### 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