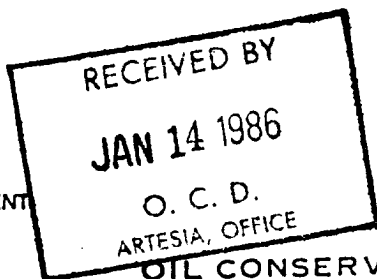


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT



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

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SANTA FE	<input checked="" type="checkbox"/>
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TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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 3-17-86
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>State "AE"</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Artesia - Qn, Gr, SA</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>B-3823</u>
Location Unit Letter <u>F</u> : <u>2294.48</u> Feet From The <u>North</u> Line and <u>2210.68</u> Feet From The <u>West</u> Line of Section <u>4</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>G</u> Sec. <u>4</u> Twp. <u>18-S</u> Rge. <u>28-E</u>	Is gas actually connected? <u>No</u> When <u>Post ID-2 1-17-86 Camp & BK</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
Operator (Signature)
1-13-86
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 16 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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded 10-7-85	Date Compl. Ready to Prod. 1-10-86		Total Depth 3530		P.B.T.D. 3491				
Elevations (DF, RKB, RT, GR, etc.) 3658.70 GR	Name of Producing Formation Grayburg, San Andres		Top Oil/Gas Pay 1989		Tubing Depth 2725				
Perforations 1989-2384						Depth Casing Shoe 3530			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/2	8 5/8		323		275 SXS				
7 7/8	5 1/2		3530		1000 SXS				
	2 3/8		2725						

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 1-10-86		Date of Test 1-11-86		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. 25		Water - Bbls. 25		Gas - MCF 15

GAS WELL

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