

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

RECEIVED

DEC 11 1978

I.

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PRORATION OFFICE	

Operator TOM L. INGRAM	
Address P. O. Box 1757, Roswell, NM 88201	
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Re Entry <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>	
Other (Please explain) Contract signed, awaiting construction of sales line	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jubilee	Well No. 1	Pool Name, Including Formation Wildcat - Pennsylvanian	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter E ; 1980 Feet From The North Line and 660 Feet From The West				
Line of Section 28 Township 10-S Range 29-E , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	Box 3119, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	E 28 10-S 29-E No Yes 2-14-79 Within 30 Days

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

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 Re: 5-8-77	Date Compl. Ready to Prod. 8-18-77	Total Depth OTD 9135 CD 8937	P.B.T.D. 8432					
Elevations (DF, RKB, RT, GR, etc.) 3885 KB	Name of Producing Formation Pennsylvanian	Top Oil/Gas Pay 8380	Tubing Depth 8340					
Perforations 8380, 81, 82, 83	Depth Casing Shoe 8937							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12	9-5/8"	2210	725 CIRC					
8-3/4	5-1/2"	8937	500					
	2-3/8"	8340						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

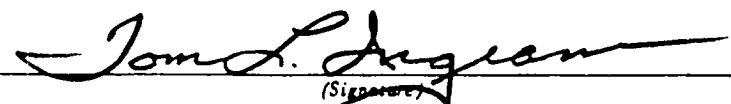
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

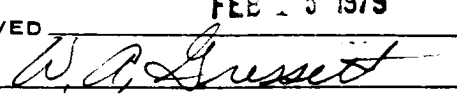
GAS WELL

Actual Prod. Test-MCF/D CAOF 912	Length of Test 5 hrs.	Bbls. Condensate/MMCF 5	Gravity of Condensate 53.7°
Testing Method (pitot, back pr.) 4 pt back pressure	Tubing Pressure (shut-in) 2103	Casing Pressure (shut-in) 0	Choke Size 8-9-11-13/64

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
Tom L. Ingram - Operator  
12/8/78  
(Date)

OIL CONSERVATION COMMISSION  
FEB 5 1979  
APPROVED  
BY   
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 multiple