

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. OPERATOR
Operator
Tipton & Denton

Address
c/o Oil Reports & Gas Services, Inc. Box 763, Hobbs, NM 88240

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>	Effective 6/1/82
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>			

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE				
Lease Name State "CZ"	Well No. 1	Pool Name, including Formation Jenkins San Andres	Kind of Lease State, Federal or Fee State State	Lease No. LG-4129
Location				
Unit Letter L	1980	Feet From The South	Line and 660	Feet From The West
Line of Section 27	Township 9S	Range 35E	NMPM, Lea	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"/>			Address (Give address to which approved copy of this form is to be sent)			
International Crude Corp.			2454 Industrial Blvd. Abilene, TX 79605			
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)			
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 27	Twp. 9S	Rge. 35E	Is gas actually connected? No	When

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

IV. COMPLETION DATA												
Designate Type of Completion - <input checked="" type="checkbox"/>				Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.			Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay				Tubing Depth			
Perforations												
Depth Casing Shoe												

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION MAY 28 1982	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. (Signature) Agent (Title) 5/25/82 (Date)		APPROVED _____, 19__	
		BY _____	ORIGINAL SIGNED BY
		TITLE _____	JERRY SEXTON
			DISTRICT SUPER.
		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 conditions. Separate forms C-104 must be filed for each pool in multiple completed wells.	