Submit 5 Copies Appropriate District Office

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DISTRICT I P.C. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

## State of New Mexico Energy, Minerals and Natural Resources De\_ tment

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION

L		ANSPORT OIL	ANU NAI		Well A	PI No.			
Openeor Dwight A. Tipton						ET 1994			
Address					I				
Box 1597, Lovington, Reason(s) for Filing (Check proper bas)	New Mexico	88260	Othe	t (Please expla	in à				
	Change is	a Transporter of:		. (	,				
Recompletion	oii .	Dry Gas							
Change in Operator X	Casingheed Gas	Condensate							
If change of operator give name and address of previous operator	Greenwood H	oldings Inc.	•						
IL DESCRIPTION OF WELL	AND LEASE	•	م م ب ا						
Lasse Name	Well No.				Kindo	Lense	V-31	as No.	
Shea-Climenko	[ 1	North Bag	ley Perm	o Penn	State, I		V-31		
Location I among N	. 660	_ Feet From The _S	Line		80 F	t From The	W	Line	
Uait Letter	• •		الأفيا مسبسيين						
Section 8 Township	, 115	Range 33E	, NN	(PM,		Lea		Couaty	
III. DESIGNATION OF TRAN	SPORTER OF C	IL AND NATU	RAL GAS						
Name of Authorized Transporter of Oil To Condensate Address (Give address to which approved copy of this form is to be sent)									
Amoco , Petroleum - Company fred (c. P.O. Box 591. Tulsa, Oklahoma 74102 Name of Authorized Transporter of Casinghend Gas X or Dry Ges Address (Give address to which approved copy of this form is to be sent)									
Warren Petroleum Compa			1			Oklahoma			
If well produces oil or liquids,	Unit Sec.	Twp. Rgs.	Is gas actually		When				
give location of tanks.	<u>N 8</u>	11S   33E	No	÷					
If this production is commingled with that i IV. COMPLETION DATA	from any other lease of	r pool, give commingi	ing order tumb	•••				<u></u>	
Designate Type of Completion	Oil We	I Gas Well	New Well	Workever	Deepen	Plug Back Sa	Res'v	Diff Res'v	
Date Spudded	Date Compl. Rendy (	IO Prod.	Total Depth		I I	P.S.T.D.		l	
•									
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing F	Top Oil/Gas Pay			Tubing Depili				
Perforsions Depth Cause Shoe									
	TUBING	CASING AND	CEMENTI	G RECOR	D				
HOLE SIZE	CASING & T	DEPTH SET			SACKS CEMENT				
				<u></u>					
		· · · · ·							
V. TEST DATA AND REQUES OIL WELL (Test ment be ofter 1		•	· · · · · · · · · · · · · · · · · · ·			1	4.19 94 have	_ 1	
Due Fins New Oil Run To Tank	Date of Test			t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas Lift, etc.)					
Length of Test	Tubing Pressure	Caring Pressure			Choke Size				
Actual Pros. During Test	Oil - Bble.	Water - Bble.			Gas- MCF				
							-		
GAS WELL	Length of Test								
			Bble. Contentes/MMCP			Gravity of Condensate			
Testing Method (pisst, back pr.)	Tubing Pressure (She	a-ia)	Casing Press	se (Shui-in)		Choke Size	<u> </u>		
VI OPERATOR CERTIFIC									
VL OPERATOR CERTIFIC I hereby cartify that the rules and regul			C	DIL CON	ISERV	ATION DI	VISIO	N	
Division have been complied with and that the information gives above									
is true and complete to the best of my knowledge and belief.				Approve	d				
Anight A.	linter		<b>_</b>	-					
Signature Dwight A. Tipton			<sup>By</sup> _	1	1. 1. <b>1</b> . 1	13 (A)	· · · · · · · · · · · · · · · · · · ·		
Printed Name		Title	Title						
February 1, 1991		396-2114		•		······································			
		lephons No.							
INSTRUCTIONS: This for	m is to be filed in	compliance with	Rule 1104						

 Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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Form C-104 Revised 1-1-89 See Instructions at Bottom of Page