

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <u>Dwight A. Tipton</u>	
Address <u>c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs, NM 88241</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well	
<input checked="" type="checkbox"/> Recompletion	
<input checked="" type="checkbox"/> Change In Ownership	
Change In Transporter of:	
<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner Southern Union Exploration Co., 1217 Main Street, Dallas, TX 75202

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>SUSCO State "A" State</u>	Well No. <u>2</u>	Pool Name, including Formation <u>North Bagley Permo Penn</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>V-22</u>
Location				
Unit Letter <u>M</u> : <u>520</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>3</u> Township <u>11S</u> Range <u>33E</u> , NMPM, <u>Lea</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"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Navajo Refining Company</u>	<u>P. O. Box 159, Artesia, NM 88210</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Warren Petroleum Company</u>	<u>P. O. Box 1589, Tulsa, OK 74102</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>3</u>	Twp. <u>11S</u>	Rge. <u>33E</u>	Is gas actually connected? <u>Yes</u>	When <u>2/18/81</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.

Wanda Walker
(Signature)
Agent
(Title)
1/20/86
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 21 1986, 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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	Workover	Deepen	Plug Back X	Same Res'v. X	Diff. Res'v.
Date Spudded 3/13/68	Date Compl. Ready to Prod. 1/14/86	Total Depth 10,300			P.B.T.D. 8900			
Elevations (DF, RKB, RT, GR, etc.) 4275 GR	Name of Producing Formation Penn	Top Oil/Gas Pay 8540			Tubing Depth 8800			
Perforations 8540 to 8560					Depth Casing Shoe 10,288			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15	12 3/4	360	375
11	8 5/8	3782	450
7 7/8	5 1/2	10,288	500
	2 3/8 & 2 7/8	8800	

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 12/27/85	Date of Test 1/18/86	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure ----	Casing Pressure -----	Choke Size -----
Actual Prod. During Test	Oil - Bbls. 12	Water - Bbls. 6	Gas - MCF 30

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

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