Submit 5 Copies Appropriate District Office Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructio

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

CORRECTION

DISTRICT III -1000 Rio Berzos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No Dwight A. Tipton 30.025-22694 Box 755, Hobbs, NM 88241 Reason(s) for Filing (Check proper box) Y Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion Oil To correct name & address of oil Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lesse Name B Well No. Pool Name, Including Formation Kind of Lease Lease No. State, BROWN, CO. K-3837 Graham State North Bagley Permo Penn Location 660 Feet From The East Line and 1980 Unit Letter South _ Feet From The _ 118 33E , NMPM, 30 Township Section Range Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Amoco Pipeline Co P. O. Box 702068, Tulsa, OK 74170-2068 Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Address (Give address to which approved copy of this form is to be sent) Warren Petroleum Company P. O. Box 1589. Tulsa, When? OK 74 102 If well produces oil or liquids, give location of tanks. Sec. Twp. Unit Rge. is gas actually connected? Yes N/A 30 335 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay **Tubing Depth** Performings 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 Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Choke Size Length of Test Casing Pressure **Tubing Pressure** Actual Prod. During Test Water - Bbis. Oil - Rhis ٠,٠,٠ **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) Casing Pressure (Shut-in) Choke Size VL OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved. Crim Signed by Paul Kautz Signature

Signature

Dipontal Holler By_ Geologist Agent Printed Name 3/4/91 Title Title. 505-393-2727

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

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