DISTRICT J P.O. Box 1980, Hobbs, NM 88240

P.O. Down DD, Asteria, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

CORRECTION

DISTRICT M		Sa	ma re, new M	EXICU 6/X	J4-2000		**C0	RRECTION	/××	
1000 Rio Bessos Rd., Aziec, NM \$7410	REQU	JEST F	OR ALLOWA	BLE AND	AUTHORI	ZATION				
I.			NSPORT OI				,			
Operator							API Na		· 	
Dwight A. Tipton					30-025-22957					
Address										
P. O. Box 755, Hobb	hs. NM	8824 1				1	1			
Reason(s) for Filing (Check proper box)	301	<u> </u>		y Ou	et (Please expla	úr)	i			
New Well		Change is	Transporter of:	—	•	-				
Recompletion	Oil	Ĭ	Dry Gas	T.	correct	, nama 1	44200	a af ail	ı	
Change in Operator	Casingher	d Gas 🔲	Condensate		irchaser.	. Hame (a doutes	S 01 011	i.	
If change of operator give name	-				III IIASEL.					
and address of previous operator	.									
IL DESCRIPTION OF WELL	AND LE	ASE								
Lease Name	ease Name		Pool Name, Includ	ing Formation		Kind	of Lease	L	Lease No.	
Mahters "B"		1	North Bag	gley Perm	no Penn	XXX	XXXXXXX	6		
Location										
Unit Letter F	_ : 1	980	Feet From The N	orth Lin	e and	980 g	et From The	West	Line	
- Charles Control							M 1 1000 100 ,			
Section 30 Townshi	p 1	18	Range 33E	<u>, N</u>	мрм,	Lea	1		County	
* * * * * * * * * * * * * * * * * * *							1			
III. DESIGNATION OF TRAN	ISPORTE	R OF O						-		
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)									
Amoco Pipeline Co.			P. O. F	30x 70206	8. Tuls	a OK 74170-2068				
Name of Anthonized Transporter of Casing	XX	or Dry Gas	1			copy of this form is to be sent)				
Warren Petroleum Co			, ,	P. O. Box 1589, Tulsa.			OK 74 102			
If well produces oil or liquids, give location of tanks.	Uest	Sec.		is gas actually	y connected?	When	7			
<u> </u>	F	_30	11S 33E	No						
If this production is commingled with that	fions any oth	er lease or	pool, give comming	ling order numb	Der:					
IV. COMPLETION DATA		Y		~ ~~~			y 	γ	- ₁	
Designate Type of Completion	: (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Specified		A. Ready to	Best .	Total Depth				l		
Des Spanies	Des Cont	a. Assuy w	FIGE	I come proper			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	nducine En	emetion	Top Oil/Gas Pay			Tybine Doorb			
	R. RT. GR. stc.) Name of Producing Formation			1.07 0.11 0.11			Tubing Depth			
Perforations	<u> </u>	·		L.,,,,,,,,		-	Depth Casin	ø Shoe		
1 3 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
ng da Té s	7	TIRING	CASING AND	CEMENTE	NG RECORT		<u> </u>			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-		<u> </u>				·	ATONO OEMIC		
Company of the compan	 						 			
A STATE OF THE STA						, 				
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE							
OIL WELL (Test must be after re				be equal to or	exceed top allow	vable for this	depth or be f	or full 24 hour.	z.)	
Date First New Oil Rua To Tank	Date of Tes				thod (Flow, pur					
e e e						:				
Length of Test	Tubing Pres	sure		Casing Pressu	re		Choke Size			
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.			Gu-'MCF			
GAS WELL										
Actual Prod. Test - MCF/D	Length of			Bbls. Condens	ale/MMCF		Gravity of C	ondensate		
Testing Method (pitet, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
		-								
OF ATOR CERTIFIC	ATE OF	COLOR	LANCE			 · ···	1 1 1			
VI. OPERATOR CERTIFICA				C	IL CON	SERVA	1 NOITA	OIVISIO	N	
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 ApprovedMAR 0.7 1997					
	-			Date	wbblosed					
Warene Halla										
Signature				Ву_						
Donna Holler			Agent							
Printed Name			Title	Title_						
3/4/91			93-2727 bone No.	H						
Date Three		reset	140.	[[

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

- 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.