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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

JUL 9 2 20 PM '69

NAME TOM L. INGRAM	
ADDRESS P. O. Box 1757, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Renaming Well <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Testing allowable of 3100 barrels for July	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE		
Lease Name Granny	Well No. Pool Name, including Formation 1 Wildcat - Atoka	Kind of Lease State, Federal or Fee Fee
Location		
Unit Letter 0	660 Feet From The South Line and 1980 Feet From The East	
Line of Section 1	Township 11-S Range 36-E	NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Oil Corp.--Trucks	Address (Give address to which approved copy of this form is to be sent) POB 900, Dallas, Texas Attn: D.C. Kennedy
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None--Vented	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 Sec. Twp. Rge. Is gas actually connected? When
0 1 11-S 36-E	

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

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'tv. Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod. Total Depth P.B.T.D.
Pool	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

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)

OIL WELL	
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 (pitot, back pr.)	Tubing Pressure Casing Pressure Choke Size

I. CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Operator July 8, 1969 (Date)	
OIL CONSERVATION COMMISSION APPROVED BY TITLE 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 production 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 Sections I, II, III, and VI only 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.	