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| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION 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

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11/1/78
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

I. Operator
Tipton & Denton

Address
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐ **Effective 8/21/78**

If change of ownership give name and address of previous owner
**W. Ridley Wheeler Estate
2010 Fort Worth National Bank Building, Fort Worth, Texas 76102**

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Maricham** Well No. **1** Pool Name, Including Formation **Jenkins San Andres** Kind of Lease **Fee** Lease No.
Location
Unit Letter **I** ; **660** Feet From The **East** Line and **1980** Feet From The **South**
Line of Section **28** Township **9S** Range **35E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Mobil Oil Corp. (trucks) Address (Give address to which approved copy of this form is to be sent)
D. C. Kennedy, P. O. Box 900, Dallas, TX 75221

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
None 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 **I** Sec. **28** Twp. **9S** Rge. **35E** Is gas actually connected? **No** When

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

IV. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------------------------|--------------------------------------------------|--------------------------------|----------------------------------------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 11/29/77 | Date Compl. Ready to Prod. 8/1/78 | Total Depth 4847 | P.B.T.D. 4827 | | | | | |
| Elevations (DF, R&B, RT, GR, etc.) 4140.2 KB | Name of Producing Formation San Andres | Top Oil/Gas Pay 4827 | Tubing Depth 4700 | | | | | |
| Perforations 4790--4827 Open Hole | | | Depth Casing Shoe 4790 | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|---------------|----------------------|-------------|-----------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/4 | 8 5/8 | 353 | 250 sxx |
| 7 7/8 | 4 1/2 | 4790 | 1300 ex. |
| | 2 3/8 | 4700 | |

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 Tanks 8/1/78 | Date of Test 9/7/78 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hrs. | Tubing Pressure -- | Casing Pressure -- | Choke Size -- |
| Actual Prod. During Test 41 | Oil-Bbls. 16 | Water-Bbls. 25 | Gas-MCF TSTM |

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 |

VI. 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.

Ann Stinson
(Signature)

Production Clerk

(Title)

August 21, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 11 1978**, 19____
BY *[Signature]*
TITLE **SUPERVISOR DISTRICT 1**

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.