

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.G.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

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  
Dwight A. Tipton

Address  
P. O. Box 755, Hobbs, New Mexico 88241-0755

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well Reentry	Change in Transporter of:	<b>CASINGHEAD GAS MUST NOT BE FLARED AFTER 7-2-88 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED</b>	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil		<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Robinson "14"

Well No. 1

Pool Name Including Formation *8-1-88*  
Wildcat San Andres

Kind of Lease State, Federal or Fee Fee

Lease No. *R-8696*

Location

Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East

Line of Section 14 Township 9S Range 33E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Pride Pipeline Company by Trucks	P. O. Box 2436, Abilene, Texas 79604
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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
	P	14	9S	33E	No	

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.

*Monica Walker*  
(Signature)  
Agent  
(Title)  
5/23/88  
(Date)

OIL CONSERVATION DIVISION  
**MAY 24 1988**  
APPROVED \_\_\_\_\_, 19\_\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR  
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 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		Reentry					
Date Spudded	Reentry 4/19/88	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
		5/2/88		9750		4980			
Elevations (DF, RKB, RT, GR, etc.)	4341 GR	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
		San Andres		4616		4650			
Perforations						Depth Casing Shoe			
4616 - 4624						5040			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2		13 3/8		415		425			
12 1/4		8 5/8		3870		2525			
7 7/8		5 1/2		5040		500			
		2 7/8		4650					

#### 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5/2/88	5/14/88	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	21	107	12

#### 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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MAY 24 1988

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