

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Tom L. Ingram

Address
P. O. Box 1757, Roswell, NM 88201

Reason(s) for filing (Check proper box)

| | | |
|----------------------------------------------|-----------------------------------------|-------------------------------------|
| <input type="checkbox"/> New Well | Change in Transporter of: | <input type="checkbox"/> Dry Gas |
| <input type="checkbox"/> Recompletion | <input checked="" type="checkbox"/> Oil | <input type="checkbox"/> Condensate |
| <input type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | |

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------|---------------------------------------------------|-----------------------|
| Lease Name King Davis Federal | Well No. 3 | Pool Name, including Formation Allison Pennsylvania | Kind of Lease State, Federal or Fee Federal | Lease No. NM-02218 |
| Location | | | | |
| Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> | | | | |
| Line of Section <u>28</u> Township <u>8S</u> Range <u>37E</u> , NMPM, <u>Roosevelt</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Jadco Purchasing Corp. | Address (Give address to which approved copy of this form is to be sent) 4606 E. 67th, Suite 401, Tulsa, OK 74136 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp. | Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, OK 74102 |
| If well produces oil or liquids, give location of tanks. | Unit <u>C</u> Sec. <u>28</u> Twp. <u>8S</u> Rge. <u>37E</u> Is gas actually connected? <u>Yes</u> When <u>January, 1973</u> |

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

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.


Tom L. Ingram - Operator
(Title)
July 8, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 10 1987, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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.

