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

NEW MEXICO OIL CONSERVATION COMMISS.
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

I.

Name of Owner			
Tom L. Ingram			
Address			
P. O. Box 1757 - Roswell, New Mexico			
Reasons for filling (Check proper box)	Other (Please explain)		
New Well <input type="checkbox"/>	Change in Terms, enter on:		
Existing Well <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Change in well name from No. 3-X to
Transporter <input type="checkbox"/>	Headline <input type="checkbox"/>	Condensate <input type="checkbox"/>	conform with Memo 2-65

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No., Pool Name, including Former No.	Kind of Lease
Kirkpatrick	3 Y Bluit-San Andres	Federal
Location		
Unit Letter	E	1700 Feet From The
	North	Line and
	990	Feet From The
	West	
Line of Section	11	Township
	8-S	Range
	37-E	County
	Roosevelt	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
None		
Name of Authorized Transporter of Gashead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Capitan, Inc. Bluit Gasoline Plant	X	P. O. 19598, Dallas, Texas
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	wp.	Rge.
		Is gas actually collected?
		Yes
		5-6-65

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spilled	Date Compl. Ready	Prod.	Total Depth	F.R.T.D.				
Pool	Name of Producing Formation	Top Oil/Gas Pay		Taking Depth				
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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 Flow (1 Run To Tank)	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Details of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Flow During Test	Oil-Pbls.	Water-Pbls.	Gas-MCF

GAS WELL

Actual Flow Test-MCF/D	Length of Test	Pbls. Condensate MCF	Gravity of Condensate
Producing Method (pitot, back prod)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

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.

APPROVED _____, 19

BY _____

TITLE _____

Tom L. Ingram

(Signature)

Owner

(Title)

October 11, 1965

(Date)

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 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.