	DISTRIBUTION ANTA FE FILE J.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	REQUEST	CONSERVATION COMMIN UN FOR ALLOWABLE AND ANSPORT OIL AND NATURA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
•.	Operator TOM INCDAM	<u></u>				
	TOM L. INGRAM					
	Reason(s) for filing (Check proper box New We!! Recompletion Change in Ownership	Roswell, New Mexico 88 Change in Transporter of: Oil X Dry Go Casinghead Gas Conder	Other (Please explain)			
	and address of previous owner					
II .	DESCRIPTION OF WELL AND Lease Name Federal "AB" Location	Well No. Pool Name, Including F 1 Bluitt San And		ease deral or Fee Federal NM-044216A		
	Unit Letter I ; 213	OFeet From TheLin		East		
	Line of Section 24 Tow			osevelt		
TT	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA				
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which ap	opproved copy of this form is to be sent)		
	JM Petroleum Corpora Name of Authorized Transporter of Cas			a of Americas, Dallas, TX 7521		
	Warren Petroleum Com		P.O. Box 1589, Tulsa	a, OK 74102		
	If well produces oil or liquids, give location of tanks.	I Sec. Twp. Rge. I 24 8-S 37-E	Is gas actually connected? Yes	^{When} 10-18-79		
v 1	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:			
•••	Designate Type of Completio	n - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!l/Gas Pay	Tubing Depth		
	Perforations	P		Depth Casing Shoe		
F			CEMENTING RECORD			
ł	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
+			· · · · · · · · · · · · · · · · · · ·			
t						
	TEST DATA AND REQUEST FO	IR ALLOWABLE (Test must be af able for this de	ter recovery of total volume of load pth or be for full 24 hours)	oil and must be equal to or exceed top allow-		
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	s lift, etc.)		
ł	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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
_ ۱.۱	CERTIFICATE OF COMPLIANC	E	OIL CONSER	VATION COMMISSION		
			APPROVED NOV 3	1982		
C	Commission have been complied with	hereby certify that the rules and regulations of the Oil Conservation mmission have been complied with and that the information given ove is true and complete to the best of my knowledge and belief.		BYJERRY SEXTON		
	•		TITLE DISTRICT			
	-In Pres can			in compliance with RULE 1104.		
_	(Stenator)		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			
Operator (Title) November 1, 1982			tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able 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.			



I.	DISTRIBUTION ANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 GAS			
	Operator TOM L. INGRAM						
	Address P.O. Box 1757, Roswell, New Mexico 88201						
	Reason(s) for filing (Check proper box New Well Recompletion Change in Ownership						
	If change of ownership give name and address of previous owner						
H.	DESCRIPTION OF WELL AND						
	Lease Name FEDERAL "AB" Location Unit Letter; 213		dres Associated State, Federa	Lease Nd. NM-044216			
	Line of Section 24 Toy	wmship 8-S Bange 37	7-E , NMPM, Roose	velt County			
I II .	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent) International Crude Corporation- Trucks 2454 Industrial Blvd., Abilene, TX 79605 Name of Authorized Transporter of Casinghead Gas X or Dry Gas						
	Warren Petroleum Co	ompa ny	Address (Give address to which approv P.O. Box 1589, Tulsa,				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. 1 24 8-S 37-E	Is gas actually connected? Whe Yes	10-18-79			
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:				
	Designate Type of Completio		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations	Perforations Depth Casing Shoe					
	HOLESIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT			
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 allow- able for this depth or be for full 24 hours)						
ĺ	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Ga s - MCF			
·	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, 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.		OIL CONSERVA	TION COMMISSION			
			APPROVED, 19 ORIGINAL SIGNED BY BYJERRY SECTOR				
			TITLE PREMICE 1				
-	Som Augean (Signature)		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 allow- able 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.				
-	Operator (Title)						
-	May 27, 1982 (Date)						
	· .		Canarata Forma C-104 must	he filed for each cost in multinly			



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DISTRIBUTION		CONSERVATION COMMISSION	Form C-104	
FILE	4	FOR ALLOWABLE AND	Supersedes Old C-104 and C-110 Effective 1-1-65	
LAND OFFICE	_ AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL O	GAS	
IRANSPORTER OIL				
GAS OPERATOR	-			
PRORATION OFFICE				
TOM L. INGRAM				
Address				
P. O. Box 1757, Reason(s) for filing (Check proper box		Other (Please explain)	in af the second of	
New Well	Change in Transporter of:	dry assumption	tice of transporter of disconnection by 9/1/79	
Change in Ownership	Oil Dry Ga Casinghead Gas Conder			
f change of ownership give name ind address of previous owner DESCRIPTION OF WELL AND	TEASE		· · · · · · · · · · · · · · · · · · ·	
Lease Name	Well No. Pool Name, Including F		Ecape iter	
FEDERAL "AB"	l Bluitt San An	dres Associated State, Federal	^{1 or Fee} Federal NM-044216	
Unit Letter 1 ; 213	0 Feet From The South Lin	ne and Feet From T	_{The} East	
Line of Section 24 To	wnship 8-S Range 3	7-Е , NMPM, Roosev	county	
ESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which approv		
Mobil Oil Corporation		P. O. Box 900, Midland, Address (Give address to which approv		
Warren Petroleum Comp		P. O. Box 1589, Tulsa,		
well produces oil or liquids, ive location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	$\frac{10/18/19}{10}$	
this production is commingled wi	$\frac{1}{24}$ $\frac{24}{8-5}$ $\frac{37-E}{37-E}$			
OMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Completion	t	True Dark		
)ate Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
· · · · · · · ·_				
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT	
EST DATA AND REQUEST F	OR ALLOWABLE (Test must be aj able for this de	fter recovery of total volume of load oil a other of total oil a other for full 24 hours)	and must be equal to or exceed top allow-	
IL WELL ite First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	t, etc.)	
	Tubing Pressure	Casing Pressure	Choke Size	
ingth of Test				
rtual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
AS WELL stual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
ERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION	
		APPROVED NOV -	1 1973	
mmission have been complied V	regulations of the Oil Conservation vith and that the information given	Gig Signed by		
ove is true and complete to the	best of my knowledge and belief.	Tcha Runyan		
	D	TITLE Geologi		
-Im Lo	ang com	This form is to be filed in compliance with RULE 1104. If this is a request for sllowable 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 allow-		
(Sicho	itwe)			
Operator (Til	·/•)			
<i>(14)</i> July 19, 1979	•= /	able on new and recompleted well Fill out only Sections I, II.	III, and VI for changes of owner,	
(Da		well name or number, or transporte	er, or other such change of condition.	