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August 9, 1985

(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Supersedes Old C-104 and C-110

Form C-104 Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OPERATOR PROPATION OFFICE Tom L. Ingram P. 0. Box 1757, Roswell, NM 88201 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Well name changed Recompletion Oil Dry Gas Changes effective June 1, 1985 Change in Ownership X Casinghead Gas Condensate Old well name - Ingram 28 Federal If change of ownership give name Diasu Oil & Gas, 14614 Falling Creek, Suite 106, Houston, TX and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. Federal 28 1 Allison San Andres, East State, Federal or Fee Federa l NM-02218 Location 660 Feet From The South Line and 1980 Feet From The 28 Line of Section Township 88 Range 37E , NMPM, Roosevelt County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Koch 0il Company Suite 2205, Wilco Bldg, Midland, TX 79701
Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas 🗶 💮 or Dry Gas 🗀 Warren Petroleum Co Box 1589, Tulsa, OK 74102 Rge. Unit Sec. Is gas actually connected? Twp. If well produces oil or liquids, Ŕ 8S | 37E 33 give location of tanks. 10/17/77 If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA Gas Well New Well Workover Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion - (X) X Date Compl. Ready to Prod. 11-02 76 12-30-76 49901 49651 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay **Tubing Depth** 4017' GR San Andres 48841 48061 Depth Casing Shoe Perforations 4892-98, 4900-02, 4914-24 (24 holes) 4884-88, 48061 TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET SACKS CEMENT HOLE SIZE 8-5/8" 24# 371' 200 sx 5-1/2" 17# & 15.5# 49901 1000 sx 2-7/8" 6.4# 48061 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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Tubing Pressure Casing Pressure Choke Size Length of Test Oil-Bbls. Water - Bbls. Gas - MCF Actual Prod. During Test Actual Prod. Test-MCF/D Bbis. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Tubing Pressure (Shut-in ) Choke Size Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION 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. CRIGINAL SIGNED BY EDDIE SEAY OIL & GAS INSPECTOR 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. noture Tom L. Ingram **Operator** All sections of this form must be filled out completely for allowable on new and recompleted wells. (Title)

Fill out only Sections I, II, III, and VI for changes of owner, il name or number, or transporter, or other such change of condition. Senerate Forms Called must be filed for each soul in multiply