

NEW MEXICO OIL CONSERVATION COMMISSION  
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.

DISTRIBUTION		
STATE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

Operator  
Tom L. Ingram

Address  
P.O. Box 1757, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

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

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE

On Casinghead Gas MUST NOT BE  
PLACED AFTER 5/23/82  
OBTAIN AN EXCEPTION TO R-1070  
IS OBTAINED from U.S.D.I.

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name  
Federal "N"

Well No.  
2-Y

Pool Name, including Formation  
Undesignated-SA

Kind of Lease  
Federal

State, Federal or Fee  
Federal

Location  
Unit Letter P : 846 Feet From The South Line and 710 Feet From The East

Line of Section 23 Township 8-S Range 37-E, NMPM, Roosevelt 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"/>	Address (Give address to which approved copy of this form is to be sent)
Basin, Inc.	P.O. Box 2297, Midland, Texas 79707
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Company	P.O. Box 1589, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	P 23 8-S 37-E No Waiting on connection

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded 6-26-81	Date Compl. Ready to Prod. 12-28-81	Total Depth 4980	P.B.T.D. 4905					
Elevations (DF, RKB, RT, GR, etc.) 4000 Gr	Name of Producing Formation San Andres	Top Oil/Gas Pay 4794	Tubing Depth 4900					
Perforations 4794-4854			Depth Casing Shoe 4980					

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
14	12 3/4	190	0 (Putted)
11 1/2	8 5/8	280	300 (Circ)
7 7/8	4 1/2	4980	465
	2 3/8	4900	

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 New Oil Run To Tanks 12-28-81	Date of Test 12-28-81	Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24	Tubing Pressure ---	Casing Pressure ---
Actual Prod. During Test	Oil-Bbls. 10	Water-Bbls. 30
		Gas-MCF 10

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.

Tom L. Ingram  
(Signature)  
Operator  
(Title)  
February 3, 1982  
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 1 1982, 19  
ORIGINAL SIGNED BY  
JERRY SEXTON  
TITLE : DISTRICT 1 SUPR.

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.

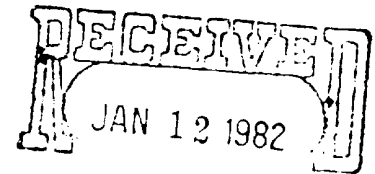
All sections of this form must be filled out completely for allowable on new and recompleted wells.

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 multiple

# INCLINATION REPORT

TOM L. INGRAM  
100 South Kentucky  
Roswell, New Mexico 88201

TOM L. INGRAM Federal 'N' 2-Y  
846' FSL & 710' FEL Sec. 23,  
T-8-S, R-37-E  
Roosevelt County, NM

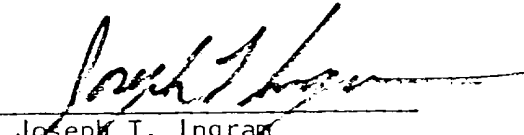


OIL & GAS  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

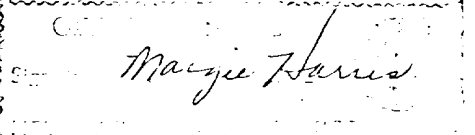
## RECORD OF INCLINATION

Depth (Feet)	Angle of Inclination (Degrees)	Displacement (Feet)	Accumulative Displacement (Feet)
947	1/2	8.26	8.26
1379	3/4	5.66	13.92
1785	3/4	5.31	19.23
2179	3/4	5.16	24.39
2345	3/4	2.17	26.56
2868	1	9.13	35.69
3268	1	6.98	42.67
3710	1	7.72	50.39
4031	1 1/2	8.41	58.80
4431	1 3/4	12.22	71.02
4980	1/2	4.79	75.81

I hereby certify that I have personal knowledge of the data and facts placed on this report, and that such information is true and complete.

  
Joseph T. Ingram

Sworn and Subscribed before me, this the 11th day of January, 1982.

  
Notary Public in and for 285  
Chaves County, NM