

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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) Other (Please explain)

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

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Federal "N"</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Bluitt San Andres Associated</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-14012</u>
Location				
Unit Letter <u>A</u>	<u>660'</u> Feet From The <u>FNL</u> Line and <u>660</u> Feet From The <u>FEL</u>			
Line of Section <u>23</u>	Township <u>8S</u>	Range <u>37E</u>	<u>NMPM</u> , <u>Roosevelt</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Navajo Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159, Artesia, N.M. 88210</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Warren Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1589, Tulsa, OK 74102</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>23</u> Twp. <u>8-S</u> Rge. <u>37-E</u>	Is gas actually connected? <u>Yes</u> When <u>8-21-85</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

I 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
(Signature)
Operator
8-29-85
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP - 9 1985, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT 1 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 filled for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 2-9-85	Date Compl. Ready to Prod. 4-16-85	Total Depth 4880		P.B.T.D. 4830					
Elevations (DF, RKB, RT, GR, etc.) 4012 KB	Name of Producing Formation San Andres	Top Oil/Gas Pay 4684		Tubing Depth 4702					
Perforations 4684-4768						Depth Casing Shoe 4880			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	8 5/8		371		210				
7 7/8	5 1/2		4880		825				

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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
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 4-16-85	Length of Test 2	Bbls. Condensate/MMCF .83 bbl, 134.33 MCF	Gravity of Condensate 32
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 975	Casing Pressure (Shut-in) 1100	Choke Size 19/64

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