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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	T	O TRAI	NSPC	ORT OIL	AND NA	URAL GA	Well A	Pl No.			
TOM L. INGRAM						30-041-20727					
P. O. BOX 17	57, ROSW	IELL, N	88 MV	3202							
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Oil Casinghead	,	Franspor Dry Gas Condens	, 📙	Othe	t (Please explai	n)				
f change of operator give name and address of previous operator											
I. DESCRIPTION OF WELL	AND LEA	SE									
Well No. Pe			Pool Name, Including Formation Bluitt San Andres Associated				d Kind o	Kind of Lease Fed State, Federal or Fee NM 36488			
Location Unit Letter	etter Feet From The				South Line and 660 Feet From The West Line						
Section 19 Townshi	<sub>p</sub> 8-Sout	h	Range	38-Eas	t , N	ирм, Roos	evelt			County	
II. DESIGNATION OF TRAN	SPORTE	OF OI	LAN	D NATU	RAL GAS	e address to whi	ich annroved	copy of this fo	orm is to be se	ni)	
Name of Authorized Transporter of Oil NAVAJO REFINING CO X or Condensate					Address (Give address to which approved copy of this form is to be sent) P. O. BOX 159, Artesia, NM 88210  Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casin WARREN PETROLEUM	of Authorized Transporter of Casinghead Gas X or Dr. WARREN PETROLEUM CO.				Box 158	39, Tūlsa	, OkTah	homa 24102			
If well produces oil or liquids, give location of tanks.	Li	19	Twp. 8-S	<b>Rge.</b> 38-E	Is gas actuall Yes		When	7 10-18-8	7		
If this production is commingled with that	from any other	er lease or p	pool, giv	e commingl	ing order num	ber:					
IV. COMPLETION DATA		Oil Well	1 (	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded	Date Compl. Ready to				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>				<u></u>			Depth Casin	ng Shoe		
					CEMENTI	NG RECOR	D				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
								ļ			
TOTAL AND DEOLE	CT EOD A	HOW	ARIF								
V. TEST DATA AND REQUE OIL WELL (Test must be after	recovery of to	tal volume	of load	oil and mus	t be equal to o	r exceed top allo	owable for th	is depth or be	for full 24 ho	ars.)	
Date First New Oil Run To Tank	Date of Te				Producing M	lethod (Flow, pi	ump, gas lift,	elc.)			
Length of Test	Tubing Pre	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL						48/26		Construct	Condencate		
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate		
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR 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 above					OIL CONSERVATION DIVISION DEC 2 9 1989						
is true and complete to the best of my	? ( <i>)</i>				Dat	e Approve	ed	<b>≥</b> k 'te'	<b>P</b>	-17	
Signature TOM 1 INCOAM ODERATOR					Ву	By ORIGINAL SIGNED BY JERRY SEXTON					
TOM L. INGRAM OPERATOR  Printed Name December 27, 1989 505/622-3630					Title	Title					
Date Telephone No.											

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.