

DISTRIBUTION			
ANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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. Operator Tom L. Ingram

Address P. O. Box 1757, Roswell, NM 88201

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change In Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service.
Change In Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "AR"	Well No. 1	Pool Name, including Formation Undesignated SA	Kind of Lease State, Federal or Fee Federal	Lease No. NM 36488
Location				
Unit Letter L	1980	Feet From The South	Line and 660	Feet From The West
Line of Section 19	Township 8	Range 38	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"/> Navajo Crude Oil	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Box 1150, Midland, TX 79702					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 19	Twp. 8	Rge. 38	Is gas actually connected? No.	When

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-31-84	Date Compl. Ready to Prod. 8-26-84	Total Depth 4926	P.B.T.D. 4907					
Elevations (DF, RKB, RT, GR, etc.) 3985 Gr	Name of Producing Formation San Andres	Top Oil/Gas Pay 4750	Tubing Depth 4725					
Perforations 4750 - 4829	Depth Casing Shoe 4926							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11	8 5/8		376		210 Circ.			
7 7/8	5 1/2		4926		1230 Circ.			

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 8-24-84	Date of Test 8-26-84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 100	Casing Pressure 150	Choke Size 32/64
Actual Prod. During Test	Oil - Bbls. 20	Water - Bbls. 6.6	Gas - MCF 411

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.

Eleanor M Glass  
(Signature)  
Production Clerk  
(Title)  
October 11, 1984  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED OCT 18 1984, 19\_\_\_\_\_  
BY Eleanor M Glass  
Oil & Gas Inspector  
TITLE \_\_\_\_\_

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