

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

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator **Tom L. Ingram**

Address **P. O. Box 1757 - Roswell, New Mexico**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Garretson	Well No. 2	Pool Name, including Formation Tobac Pennsylvanian	Kind of Lease State, Federal or Fee Federal
Location Unit Letter G , 1980 Feet From The North Line and 1980 Feet From The East Line of Section 25 , Township 8S , Range 32E , NMPM, Chaves 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"/> Magnolia Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Capitan, Inc. Blufft Gasoline Plant	Address (Give address to which approved copy of this form is to be sent) P. O. Box 6598, Dallas, Texas					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 25	Twp. 8S	Rge. 32E	Is gas actually connected? Yes	When 4-26-65

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 Res'v.	Diff. Res'v.
Date Spudded 3-6-65	Date Compl. Ready to Prod. 5-14-65		Total Depth 9160		P.B.T.D. 9035			
Pool Tobac Pennsylvanian	Name of Producing Formation Penn. Bough 'C'		Top Oil/Gas Pay 8990		Tubing Depth 8994			
Perforations 9004-9014					Depth Casing Shoe 9160			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 13-1/2	CASING & TUBING SIZE 10-3/4"		DEPTH SET 392		SACKS CEMENT 300 sacks			
9-3/4	7-5/8"		3650		500 sacks			
6-3/4	4-1/2"		9160		400 sacks			

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)

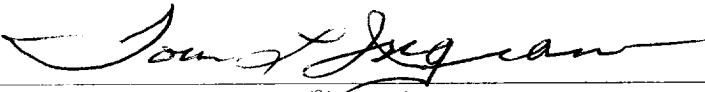
Date First New Oil Run To Tanks 4-27-65	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure 50	Choke Size -
Actual Prod. During Test 150 BO	Oil-Bbls. 150	Water-Bbls. 112	Gas-MCF 200

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

I. 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.


(Signature)
Owner
(Title)
May 20, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____

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 Sections I, II, III, and VI only 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 multiply completed wells.