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Appropriate District Office
DISTRICT |
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, Anesia, 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

I.		TO TRA	ANS	PORT O	IL AND NA	ATURAL C	AS				
Operator								API No.			
Dwight A. Tipton Address			3	0-005-20)-005-20653						
P.O. Box 755, Hobbs,	New Me	vico 8	Q 2 / 1								
Reason(s) for Filing (Check proper box)	NOW TIE.	XICO O	0241	7		her (Please exp	lain)	······································	·		
New Well		Change in	n Trans	sporter of:		nei (i iease exp	nainj				
Recompletion	Oil		Dry (. —							
Change in Operator X	Casinghea	ad Gas	Cond	lensate 🔲	Eff. 4	/1/92					
If change of operator give name and address of previous operator For	merly Bu	uffalo	Pro	ducina	Co., P.O)			· · · · · · · · · · · · · · ·	
•			110	aucing	CO., P.O	• BOX 126	35, Mlai	and, TX	79702		
II. DESCRIPTION OF WELL Lease Name	AND LE	Well No.	т								
Chaveroo State	ding Formation			Lease Lease Nate, Reduction Rec		ease No.					
Location	o SA Stat			, NOW ALL IN	LG-1	774					
Unit LetterD	. 3	330	.	T	NT 1						
	 ·	30	_ reel	From The _	North_ Li	ne and <u>330</u>	<u> </u>	ect From The	West	Line	
Section 2 Townsh	ip 85	3	Rang	e 32E	. N	ІМРМ,	Chaves			C	
III DEGLANIAMON OF THE							CHAVES			County	
III. DESIGNATION OF TRAP Name of Authorized Transporter of Oil	NSPORTE	or Conden	IL A	ND NATU	JRAL GAS						
Scurlock Permian Cor	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casin	P.O. Box 4648, Houston, TX 77210-4648										
Trident NGL, Inc.					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids.	well produces oil or liquids.				100200 Grogan's Mill Rd., The Woodlands, TX Is gas actually connected? When ?					, TX 7738	
give location of tanks.	В	2	l as	1 32E	VAC		1	N/A			
If this production is commingled with that	from any oth	er lease or	pool, g	ive comming	gling order num	iber:				···	
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	ļ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	· · · · · · · · · · · · · · · · · · ·	l. Ready to	Prod		Total Depth	<u> </u>	<u> </u>	ļ	<u> </u>	<u> </u>	
Date Spudded Date Compl. Ready to Prod.					rotal Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		This Date			
					Tubing Depth						
Perforations								Depth Casin	g Shoe		
		-						'	•	,	
1015035	T	UBING,	CAS	ING AND	CEMENTI	NG RECOR	D	·			
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
					 						
					 			ļ			
				·	<u> </u>	" 		 			
/. TEST DATA AND REQUES	T FOR A	LLOWA	BLE	,				<u> </u>			
OIL WELL (Test must be after r Date First New Oil Run To Tank	ecovery of tot	al volume o	of load	oil and musi	be equal to or	exceed top allo	wable for thi	s depth or be fo	or full 24 hour	s.)	
Date First New Oil Run To Tank	Date of Test	t			Producing Me	thod (Flow, pu	mp, gas lift, e	ic.)		, 	
ength of Test	Tubing Pressure			 -	<u> </u>						
	Tubing Fres	sure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.						
•	J. 2018.	ni - Bols.				water - Bots			Gas- MCF		
GAS WELL	1				<u> </u>			<u></u>			
Actual Prod. Test - MCF/D	Length of T	est			Their Comme						
	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
ng Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
					, , ,	(on u . 14)		CHOKE SIZE			
I. OPERATOR CERTIFIC.	ATE OF	COMPI	IAN	JCF		···		J			
I hereby certify that the rules and regula	tions of the C	il Conserva	ation			DIL CON	SERV	ATION E	OIVISIO	N	
Division have been complied with and that the information given above										•	
is true and complete to the best of my knowledge and belief.					Date ApprovedAPR 1 4 '92						
Dound Latte						pp1046(· · · · · · · · · · · · · · · · · · ·				
Signature Signature		-			Rv	र २५७ ० ५११२ -	د معد دروست ر	52 (*:			
Donna Holler		Δ.	gent		- (. New Text (1) 1 :	<u> </u>	XICN_	<u>_</u>	
Printed Name			Title					antini Mi			
4/7/92 Date	50	5-393-2			Title_						
PN CARRIES AND	-	1 clepi	hone N	10.							

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 problem.