Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Departn... $\boldsymbol{\epsilon}$

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

I.	,	TO TRA	ANSP	ORTO	F AND NA	TURAL C	NON AND			
Operator						OTIAL		API No.		
Dwight A. Tipton Address							3	0-005-2075	50	
P.O. Box 755, Hobbs, Reason(s) for Filing (Check proper box)	New Mex	cico 88	8241							
New Well		Change in	Tranca	orter of	Othe	r (Please exp	olain)			
Recompletion	Oil		Dry G							
Change in Operator X If change of operator give name	Casinghea	d Gas	Conde	nsate	Eff. 4/	1/92				
and address of previous operator For	merly Bu	ffalo	Prod	ucing (Co., P.O.	Box 15	85, Midl	and, TX 79	9702	
II. DESCRIPTION OF WELL	AND LEA	SE								·
Lease Name Chaveroo State	Well No. Pool Name, Included The Chaveron							of Lease Lease No.		
Location	7 Chavero) SA State			, Rodanina Ros	LG-1	774
Unit Letter K	_ :231	0	Feet Fi	rom The _S	outh Line	and 16	50 E	ect From The	West	
Section 2 Townsh	nip 8s		Range				Chaves	cet From The	csc	Line
III DESIGNATION OF TRAI	Menonen					1 171,	chaves			County
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	NSPORTEI	or Conden	IL AN	D NATU	RAL GAS	adelrana to	List -			
Scurlock Permian Corp.					Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648, Houston, TX 77210-4648					
Name of Authorized Transporter of Casinghead Gas X or Dry Gas Trident NGL, Inc.					Address (Give address to which approved copy of this form is to be see					nı)
If well produces oil as liquid-					100200 Grogan's Mill Rd., The Woodla					, TX 7738
	B	2	85	32E	****			7/20/8	L	
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or p	pool, giv	e comming!	ing order numbe	г:				
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back Sai	me Res'v	Diff Res'v
Date Spudded	Date Compl	Ready to	Prod.		Total Depth		<u> </u>	P.B.T.D.		<u> </u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay					
Perforations								Tubing Depth		
								Depth Casing St	noe	
	TU	JBING, (CASIN	NG AND	CEMENTING	RECOR	 D	<u> </u>		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
										
										
V. TEST DATA AND REQUES	Γ FOR AI	LOWA	BLE							
OIL WELL (Test must be after red) Date First New Oil Run To Tank	ecovery of tota	l volume oj	f load oi	il and must	be equal to or ex	ceed top allo	wable for this	depth or be for fi	dl 24 hour.	s.)
	Date of Test				Producing Meth-	od (Flow, pu	mp, gas lift, ei	c.)	-	
Length of Test	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.	· · · · · · · · · · · · · · · · · · ·		Gas- MCF		
CAC NUDI										
GAS WELL Actual Prod. Test - MCF/D	Length of Tes				bil a					
	rengar or test				Bbls. Condensate/MMCF			Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
I. OPERATOR CERTIFICA	ATE OF C	OMPL	IANO	CE						
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					
is true and complete to the best of my knowledge and belief.					APR 1 4 '92 Date Approved					
- Wound Wes					Date A	pproved	<u> </u>			
Signature Signature					Bv		ng agan a∨	JERRY SEXTO	3N	
Donna Holler Agent Printed Name					By <u>FOR COMED BY JERRY SEXTON</u> DOT COMPLETE SERVICES					
4/7/92 505-393-2727					Title					
Dute		Teleph	one 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
- 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 multiple and the changes.