Submit 5 Copies
Appropriate District Office
DISTRICT I
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

CORRECTION

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

I.						AUTHORI				
Operator DWIGHT A. TIE	PTON						_	API No.		
Address				. 00	360					
P.O. BOX 1597 Reason(s) for Filing (Check proper box)	, LOVI	ngton	, NI	1 88	260	ner (Please expl	ain)			
New Well		Change in T				(,			
Recompletion	Oil Caringhand	~` ســـ	Ory Gas							
Change in Operator If change of operator give name Mt.	Casinghead		Condens		400 1			~. 4.		
and address of previous operator	dland.	TX	7970	IPANY	, 400 V	V. Illii	nols,	Ste. 1	100,	
II. DESCRIPTION OF WELL	AND LEA	SE				 -		·		
Lease Name State "R"		Well No. P	ooi Nar Sau	me, includi inder:	ng romation s Permo	Upper Penn	Kind State,	of LeaseS to Federal or Fe	ate L	ease N o. -9641
Location						4				7041
Unit LetterK	_ :19	80 F	eet From	m The	South _{Lir}	ne and198	80 F	et From The	West	Line
Section 27 Townshi	p 14-So	uth R	lange	33-E	ast N	мрм, Le	ea			Country
Journal Towns	<u> </u>		enge.		,,,	IVIFIVI, LIC	<u> </u>			County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condensa		NATU						
Amoco Pipeline Co	X.	or Condensa	Le [1	ve address to wh BOX 702(
Name of Authorized Transporter of Casing	ghead Gas		r Dry G	as		ve address to wh				
Warren Petroleum	<u> </u>				P.O. F	30x 1589				
If well produces oil or liquids, give location of tanks.	Unit :		wp. 14S	Rge. 33E	Is gas actually connected? When Yes		03/26/59			
If this production is commingled with that	L			<u> </u>			<u> </u>	03/20	1/39	
IV. COMPLETION DATA			_,							
Designate Type of Completion	- (X)	Oil Well	Ga	is Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl.	. Ready to P	rod.		Total Depth		•	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	nation		Top Oil/Gas	Pay		Tubing Dept	ıh	
Perforations	1							Depth Casin	g Shoe	
· · · · · · · · · · · · · · · · · · ·										
HOLE SIZE	1	JBING, C			CEMENTI	NG RECOR	D	1		
HOLE SIZE	CASI	ING & TOB	1140 312	<u> </u>	DEPTH SET				SACKS CEME	<u> </u>
V. TEST DATA AND REQUES	T FOR AI	LLOWAE	BLE				·		- · · · · · · · · · · · · · · · · · · ·	
OIL WELL (Test must be after re	ecovery of tota	il volume of		and must					or full 24 how	rs.)
Date First New Oil Run To Tank	Date of Test				Producing Me	ethod (Flow, pu	mp, gas lift, e	tc.)		
Length of Test	Tubing Pressure		Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL	1							1		
Actual Prod. Test - MCF/D	Length of Te	est			Bbls. Conden	sate/MMCF		Gravity of C	ondensate	
esting Method (pitot, back pr.)	Tubing Press	num (Chut in)		-	Casing Pressu	m (Chut in)		Choke Size		
esting Method (phot, back pr.)	ruoing riess	uie (Shur-III)	,		Casing Fress.	ne (Snut-In)		Choke Size		
VI. OPERATOR CERTIFICA	ATE OF (COMPL	IANC	Œ				<u> </u>		
I hereby certify that the rules and regula Division have been complied with and t	tions of the O	il Conservati	ion			DIL CON	SERV	I NOITA	OIVISIO	N
is true and complete to the best of my k					Date	Approved	4			
\sqrt{a}	l, ,	. Λ			Date	, ippiove(<u> </u>			
Signature			By							
	Operati			stant						
Printed Name November 25, 19	91 (Ti (915)	ille 682-	-521 <i>6</i>	Title.					*
Date	<u> </u>	Telepho	one No.	_ <u></u> . 4						

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.

Submit 5 Copies
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

I.	REQ					AUTHORI TURAL G				
Operator		10 1110	. 10	OITT OIL	-/110 11/1			API No.		
	IPTON									
Address P.O. Box 15	97, L	ovingt	on	, NM	38260					
Reason(s) for Filing (Check proper box)		Change in	Trans	morter of:	[] Oth	er (Please expl	ain)			
New Well Recompletion	Oil	Change in	Dry							
Change in Operator	Casinghe	ad Gas	•	densate						
If change of operator give name	-			COMDANI	7 400	w. Illi	inois	Ste 1	100	
and address of previous operator	<u>WJ PR</u>	UTOUCTU		COMPAN 9701	400	M • TTTT	LIIOIS,	oce. I	100,	
II. DESCRIPTION OF WELL	AND LE	ASE				- Lhon/	<u>/</u>			
Lease Name		1	l		ing Formation		Kind State	of Leases + a	te B	ease No. -9641
State "R"		1		Saunde.	rs Perm	A Penn				
Location Unit LetterK	: 1	980	Feet	From The	South Lin	e and <u>198</u>	0 F	eet From The	West	Line
Section 27 Townshi	14	South	Rang	ge 33 Ea	ast , N	мрм, І	Lea			County
III. DESIGNATION OF TRAN	SPORTI	ER OF OI	LA	.ND NATU	RAL GAS					
Name of Authorized Transporter of Oil	V	or Conden			Address (Gi	ve address to w				
Amoco Productio						Drawer				79336
Name of Authorized Transporter of Casinghead Gas					ve address to w					
	Warren Petroleum Company [f well produces oil or liquids. Unit Sec. Twp. Rge.			P. O. Box 1589 Tulsa, OKlahoma 74102 Is gas actually connected? When?						
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 27		4s 33E	1			/26/59		
If this production is commingled with that										
IV. COMPLETION DATA						-,			,	
Designate Type of Completion		Oil Well	j	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Con	pl. Ready to	Prod	•	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	, GR, etc.) Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay Tubing Depth		th			
Perforations							<u>-</u>	Depth Casir	ng Shoe	
		TIDDIC	<u> </u>	CINIC ANID	CEMENT	NC PECOE	<u> </u>			
UOLE 0175	·	TUBING, ASING & TU			CEMENTING RECORD DEPTH SET				SACKS CEM	ENT
HOLE SIZE	- C <i>p</i>	ASING & TO	DIN	3 3121	DEF IN SET					
· · · · · · · · · · · · · · · · · · ·										
								ļ		
	700			Е	l					
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR	ALLOW A	TRL	E dolland mus	the equal to a	r exceed top all	ountile for th	is denth or he	for full 24 hou	zs.)
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of T		oj iou	ia ou ana mus	Producing M	lethod (Flow, p	ump, gas lift,	etc.)	, ,	
								10 1 2		
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.		Gas- MCF				
GAS WELL	.1									
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. OPERATOR CERTIFIC						OIL COI	JSEDV	ΔΤΙΩΝ	חועופור)NI
I hereby certify that the rules and regul	ations of th	e Oil Conser	vatio	1			40LI1V	ALION	*	
Division have been complied with and is true and complete to the best of my	mat the info	and belief.	en ad	UYE	Date	e Approve	ed			,) !
At Inc	H	NU	1		Ш	• •		(+) (*3 0 *)	SEXTON	
Signature Sabra Fury	Oper	ations	\\ \.	ssistar	∭ By_	<u>ुन्</u> दुः (कः)		1445)(464 1445)(464	32X1311	
Printed Name	oher	·	Tiele	;	- H	l				
10/10/91 Date	(91	5) 682 Tele	-5 phon	216 e 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.

NO. OF COPIES RECE	EIVED	İ	
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.	<u> </u>		
LAND OFFICE	<u> </u>	<u> </u>	
TRANSPORTER	OIL		<u> </u>
TRANSPORTER	GAS		
OPERATOR			
PROBATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

FILE	A A	AND	Effective 1-1-65		
U.S.G.S.		SPORT OIL AND NATURAL G	AS		
LAND OFFICE					
TRANSPORTER GAS					
OPERATOR					
PRORATION OFFICE					
Sperator MWJ PRODUCING COMPANY					
Address	Dila Willow Towns	70701			
1804 First National B Reason(s) for filing (Check proper box)		Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion	Oil Dry Gas				
Change in Ownership $\overline{f X}$	Casinghead Gas Condensa		N		
f change of ownership give name and address of previous owner	ARCO Oil & Gas Company - 1		New Mexico 88240 ichfield Company		
DESCRIPTION OF WELL AND	LEASE.	ration Kind of Lease	Lease No.		
Lease Name	Well No. Pool Name, Inc. saing 1 on	State, Federa	lor Fee State		
State R Location	1 Saunders Permo				
	80 Feet From The South Line	andFeet From	The West		
	waship 14S Range · 33	E , NMPM, Lea	County		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS		and some of this form is to be sent)		
Name of Authorized Transporter of Oil	or Condensate	Address (Give dadress to which oppio			
Amoco Production C	Singhead Gas V or Dry Gas	P. O. Drawer A Le Address (Give address to which appro	velland. Texas 79336 wed copy of this form is to be sent)		
Warren Petroleum Comp	pany		, Oklahoma 74102		
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? What YES	3/26/59		
give location of tanks.	K 27 14S 33E				
If this production is commingled war COMPLETION DATA	ith that from any other lease or pool, g		Plug Back Same Restv. Diff. Restv.		
	Oil Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
Designate Type of Completi		Total Depth	P.B.T.D.		
Date Spudded	Date Compl. Ready to Prod.	Total Boyin			
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
			Depth Casing Shoe		
Perforations					
	TUBING, CASING, AND		SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			i i i i i i i i i i i i i i i i i i i		
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be af	fter recovery of total volume of load o pth or be for full 24 hours)	il and must be equal to or exceed top allou		
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
Date 7 hat New On Hair to			Choke Size		
Length of Test	Tubing Pressure	Casing Pressure	Chore dide		
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
Actual Prod. During 100.					
1					
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Prod. Test-MCF/D	Eangth of Your				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	NCF	OIL CONSER	VATION COMMISSION		
I. CERTIFICATE OF COMPLIA	MUE	II .			
I hereby certify that the rules ar	nd regulations of the Oil Conservation	APPROVED AUG 2	1986		
	d with and that the information given the best of my knowledge and belief.	BY	ed by		
above is true and complete to	-	Paul Kautz TITLE Seclogist			
	A		in compliance with RULE 1104.		
1 () = 2011	/ · ∠0 x ·)	- 11	for a manuful delilled of deepen		
w nu	ignature)	well, this form must be according to the well in according to the well	cordance with RULE 111.		
Pat Drexle	r - Agent	All sections of this form	must be filled out completely for allo		

(Title)

(Date)

8/25/86

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 multiply completed wells.

العدالية الوالدي والمستخدمة والدين المستخدمة المستخدم المستخدمة المستخدمة المستخدمة المستخدمة المستخدمة المستخدم المستخدمة المستخدم ا		Annual des	
HO. OF COMIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104
ANTA FE	REQUEST	T FOR ALLOWABLE	Supersedes Old C-10; and C-110 Effective 1-1-85
TLE	•.	AND	
J.S.G.S.	AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL GA	<i>'</i>
-AND OFFICE			
FRANSPORTER OIL		•	•
GAS			
DPERATOR			
PROPATION OFFICE Decretor ARCO Oil and Gas	Company -		
Division of Atla	antic Richfield Company		
P. O. Box 1710,	Hobbs, New Mexico 882	40	
Reason(s) for filing (Check proper box)		Other (Picase explain)	
New Well	Change in Transporter of:	Change in Operato	
Recompletion	Oil Dry		9
Change in Ownership	Casinghead Gas Con	densate	
change of ownership give name			
nd address of previous owner			
DESCRIPTION OF WELL AND	LEASE Well No. Pool	Name, Including Formation	Kind of Lease
STATE R	1 1 50	sunders Kermo Kenn	State, Federal or Fee State
Location	80 Feet From The South	Line and 1980 Feet From T	no West
Unit Letter;;	80 Feet From The South	Little wind	
Line of Section 27 . To	waship 145 Range	33 <i>E</i> , NM.PM.	County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL	GAS	
Name of Authorized Transporter of Otl	or Cendensate	Address (Give address to which approx	An 1: 57
Amoco Production	Co	Address (Give address to which approve	velland, 12x2, 79336
Name of Authorized Transporter of Ca		Address (Give address to which approve	
Waven Petroleur		Is gas actually connected? Whe	oklahoma 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. A 27 145 33.	1 · · · · · · · · · · · · · · · · · · ·	3-26-59
If this production is commingled wi			
COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v
Designate Type of Completi	on - (X) Oil Well Gas Wel	I Maw yett worzotet Beeben	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	Date Compt. Reddy to Frod.		
No Change	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
. Poor			·
Perforations			Depth Casing Shoe
·			
	TUBING, CASING,	AND CEMENTING RECORD	1 :516/5 65/5/5
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u> </u>
<u> </u>			1
The state of the s	COD ALLOWARIE (Task must	be after recovery of total volume of load oil	and must be equal to or exceed top allo
TEST DATA AND REQUEST I	eou Allowable (1 est must able for the	is depth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
No Change			Toute
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	, and the	Water-Bbls.	Gas-MCF
Actual Prod. During Test	OII-Bbls.	Hater - Dates	
<u> </u>	<u> </u>		
GAS WELL	· · · · · · · · · · · · · · · · · · ·		
Actual Prod. Test-MCF/D	Length of Test	. Bbls. Condensate/MMCF	Gravity of Contensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
,		•	i .
<u> </u>			
CERTIFICATE OF COMPLIA	NCE .	OIL CONSERV	ATION COMMISSION
			ATION COMMISSION
CERTIFICATE OF COMPLIA I hereby certify that the rules and Commission have been complied	d regulations of the Oil Conscrva	tion APPROVED	ATION COMMISSION

& Drlg. Supt.

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.