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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

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQ	UEST F	OR	ALLOWA	BLE AND	AUTHORI	ZATION				
I.						TURAL G	AS				
Operator								API No.			
Dwight A. Tipton Address						30-025-01157					
c/o Oil Reports & Gas	Serv	ices, I	nc.	P. O.	Box 755	. Hobbs.	NM 88	24 1			
Reason(s) for Filing (Check proper box)						et (Please expl					
New Well Recompletion	Oil		Dry	sporter of:		Eff.	7/1/93				
Change in Operator	Casinghe	_		densate			, ,				
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name State "R"	Well No. Pool Name, Included Saunders				-		1	of Lease No.			
Location State R	<u> </u>	3	5	aunders	Permo U	pper Pen	n State,	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	B-94	461	
Unit LetterB	_ :	660	_ Feet	From The	North Lin	e and1980	0 F	eet From The	East	Line	
Section 27 Townshi	թ 14	S	Ran	ge 331	E , N	мрм,			Lea	County	
III. DESIGNATION OF TRAN	SPORTI	ER OF O	TT. A	ND NATI	RAL GAS						
Name of Authorized Transporter of Oil XX or Condensate					Address (Give address to which approved copy of this form is to be sent)						
Amoco Pipeline ICT							velland, TX 78336-3914				
Name of Authorized Transporter of Casinghead Gas  Warren Pet. Co.				ry Gas	P. O. Box 1589. Tulsa.					int)	
If well produces oil or liquids,	Unit	Sec.	Twp	. Rge.	is gas actuali		When		UZ		
ive location of tanks.		27	14		Yes			3/26/59			
If this production is commingled with that:  IV. COMPLETION DATA	from any of	her lease or	pool,	give comming	ling order numi	ber:					
THE STATE OF THE S		Oil Well	$\neg$	Gas Well	New Weli	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u>i                                     </u>	i		<u>i</u>	İ					
Date Spudded	Date Com	pi. Ready to	Prod	L	Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth			
Perforations					1	<del></del>	······································	Depth Casing Shoe			
			<u> </u>	2010 110					· · · · · · · · · · · · · · · · · · ·		
HOLE SIZE	1				CEMENTI	NG RECOR	D		ACKS CENT	ENIT	
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				<del> </del>	DEF IN SET		SACKS CEMENT			
					<u> </u>						
V. TEST DATA AND REQUES	T FOR A	ALLOWA	ABL	E				<u> </u>			
OIL WELL (Test must be after re									or full 24 hour	rs.)	
Date First New Oil Run To Tank	Date of Te	a a			Producing Me	thod (Flow, pu	mp, gas lift, e	etc.)			
Length of Test	Tubing Pressure				Casing Pressu	re	· · · · · · · · · · · · · · · · · · ·	Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	1				<u> </u>						
Actual Prod. Test - MCF/D	Length of Test				Bbis. Conden	mte/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	СОМР	LIA	NCE				1.	<u></u>		
I hereby certify that the rules and regula	tions of the	Oil Conserv	zuion		(	DIL CON	SERV	ATION [	DIVISIO	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 Approved JUN 1 6 1993						
					Date	Approved	1	- v 1333			
Jaren Hel	lle								د د سد سول و واد		
Signature Laren Holler		Λ	gen	+	∥ gy—	31.98 1	<u>-1)</u>	<u>-7 25/2<b>7 S</b></u>	EXIQN		
Printed Name			Title		11						
6/11/93 Date			- 39 phone	3-2727 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.

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