	C.C	Campaga.), _{A 4} , -	TOBOLD TO	el Cicano
NO. OF COPIES RECEIVED	1	A Section of	Ta: (408 (2)	
DISTRIBUTION	1				
SANTA FE		CONSERVATION COM	MISSION	Form C-104 Supersedes Old	C-104 and C-116
FILE	REQUEST	REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-116 Effective 1-1-65			
U.S.G.S.	AUTHORIZATION TO TRA		NATURAL GA	۸۷	
LAND OFFICE	AUTHORIZATION TO TRA	ANSFORT OIL AND	NATURAL GA		
OIL	1				
TRANSPORTER GAS	1				
OPERATOR	†				
PRORATION OFFICE	-				
Operator					
Tom L. Ingram					
Address		· · - · · · · · · · · · · · · · · · · ·			
POB 1757, Roswell, Ne	w Mexico 88201				
Reason(s) for filing (Check proper box		Other (Plea	se explain)		
New Well	Change in Transporter of:	_			
Recompletion X	Oil X Dry G	as 🔲			
Change in Ownership	Casinghead Gas Conde	nsate			
If change of ownership give name and address of previous owner					
. DESCRIPTION OF WELL AND	LEASE		Kind of Lease		Lease No.
Lease Name	Well No. Pool Name, Including I		State, Federal	or Fee Fee	
Shults	2 Gladiola-Wol	fcamp	State, 1 edetal	166	-1
Location					
Unit Letter P 330	Feet From The South Li	ne and 660	Feet From T	he <u>Last</u>	
					G
Line of Section 13 To	wnship 12S Range	37E , NME	ъм, Le	a	County
I. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	Address (Give addres	s to which approv	ed copy of this form is	to be sent)
Name of Authorized Transporter of Ol					
Amoco Production Comp	any (Irucks)	POB 1883, H	s to which approv	ed copy of this form is	to be sent)
		Tatum, New			
Warren Petroleum Comp	Unit Sec. Twp. Rge.	Is gas actually conne		'n	
If well produces oil or liquids,	P 13 12S 37E	No		thin 60 days	
give location of tanks.	<u> </u>		• • •	<u>-</u>	
If this production is commingled w	ith that from any other lease or pool	, give commingling or	der number:		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workove	er Deepen	Plug Back Same Re	s'v. Diff. Res'v
Designate Type of Completi	0	}	(\ X \ \	
	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
Respudded 4-5-73	4-19-73	10,010		9570	
	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.) 3881 gr	Wolfcamp	9492		9455	
	Worreding			Depth Casing Shoe	
Perforations 9492-94-96-9502-06-08	2-14-16-20-30			9698	
9492-94-96-9302-06-06		ID CEVENTING DEC	OPD		
	TUBING, CASING, A	DEPT	SET	SACKS CE	MENT
HOLE SIZE	CASING & TUBING SIZE	3316 SACKS CEMENT 325			
17	13-3/8	442		1500	
7.70	8-5/8 5-1/2	9698		800	
7-7/8	2-3/8	945			
		after recovery of total t		and must be equal to or	exceed top allo
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total t depth or be for full 2 f h	ours)	mine times on adens to ot	
OIL WELL	Date of Test	Producing Method (F	low, pump, gas li	ft, etc.)	
Date First New Oil Run To Tanks	4/23/73	Swabbing &			
4-19-73	Tubing Pressure	Campa Pressure		Choke Size	
Length of Test	60	Ø pkr.		48/64	
24	OIL Bble.	Water - Bbl		Gas-MCF	
Actual Prod. During Test	;	1		200	

10 **/**280

GAS WELL 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	
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		

VI. 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.

Jones	digram
	(Signature)

OPERATOR April 24, 1973

(Date)

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 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