DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL / GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator: TOM L. INGRAM

Address: P. O. Box 1757 - Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well: [ ]
Recompletion: [X]
Change in Ownership: [ ]

Change in Transporter of:
Oil: [ ] Dry Gas: [ ]
Casinghead Gas: [ ] Condensate: [ ]

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Foster	1	Gladiola Wolfcamp	Fee	

Unit Letter P; 990 Feet From The South Line and 330 Feet From The East

Section 27 Township 12S Range 37E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: Address (Give address to which approved copy of this form is to be sent)
Agoco Production Company — P. O. Box 591, Tulsa, Oklahoma 74102

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]: Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Corporation — P. O. Box 1589, Tulsa, Oklahoma 74102

If well produces oil or liquefied gas, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	27	12S	37E	No	Within 60 days

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
	X			X				

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-1-71	5-7-71	9784'	9660'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3888 GR	Wolfcamp	9587'	9300'

Perforations	Depth Casing Shoe
9587-97, 9609-11, 9638-41, 9643-46, 9648-57	9710'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½"	13-3/8	355	360
12¼"	9-5/8	4502	2200
7-7/8"	5-1/2	9710	500
	2-3/8	9300	

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-7-71	5-7-71	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	--	--	--
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	30	50	16

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

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.

Tom L. Ingram
(Signature)

Agent
(Title)

5-13-71
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 17 1971, 19

BY

TITLE SUPERVISOR DISTRICT I

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 C-104 must be filed for each pool in multiply