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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 Instruction 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

_	TO TRA	NSPORT OIL	AND NATU	RAL GA	S				
Operator Tom L. Ingram		Well AP			No.				
Address P. O. Box 1757, 1	Roswell, NM	88201							
Reason(s) for Filing (Check proper box) New Well Recompletion		Transporter of: Dry Gas		Please explai	date: C	uly 1,	1990		
Change in Operator Change of operator give name	Casingness Cas LN	Conochare						J	
ad address of previous operator								·	
I. DESCRIPTION OF WELL A	ND LEASE	Pool Name, Includin	a Formation		Kind o	Lease	Les	ise No.	
Lease Name Midhurst	Weithor	Southwest	GladDe	vonian		odynytypr Fee			
Location D Unit Letter	:510	Feet From The	lorth Line an	d	660 Fee	et From The _	West	Line	
Section 35 Township	12 South	Range 37 E	ast NMP	м,			Lea	County	
II. DESIGNATION OF TRANS	SPORTER OF O	IL AND NATUR	RAL GAS						
Name of Authorized Transporter of Oil	or Conden	isale	Address (Give ac					u)	
Amoco Pipeline Co. Intercorporate Trucking Div. Box 702068, Tulsa, OK 74170-2068 Jame of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)							-		
Name of Authorized Transporter of Casing No gas available	head Gas				VIN 13 10 06 361				
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge. 125 37E	Is gas actually connected? When ?						
f this production is commingled with that fi IV. COMPLETION DATA									
Designate Type of Completion -	Oil Well (X)	Gas Well	New Well V	Vorkover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi. Ready to	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	Top Oil/Gas Pay			Tubing Depth				
Perforations			· · · · · · · · · · · · · · · · · · ·	Depth Casin	Depth Casing Shoe				
	TUBING, CASING AND								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES OIL WELL (Test must be after n	T FOR ALLOW	ABLE	he equal to or ex	ceed top alle	owable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank				be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pressure	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.			Gas- MCF				
GAS WELL	<u> </u>								
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shi	Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation			OIL CONSERVATION DIVISION						
Division have been complied with and is true and complete to the best of my	Date Approved JUN 1 8 1990								
1 P					_	_			
Signature Tom L. Ingrain	∥ By	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR							
Printed Name 6/14/90	rinted Name Title								
Date		elephone 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.

HOBES OFFICE