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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
Supersede
Effective 1-

Operator
TOM L. INGRAM
Address
POB 1757, ROSWELL, NEW MEXICO 88201

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Midhurst	Well No. 2	Pool Name, including Formation So. West Gladiola Penn	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter F ; 1880 Feet From The North Line and 1880 Feet From The West Line of Section 35 Township 12S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Production Company (Trucks)	Address (Give address to which approved copy of this form is to be sent) POB 1725, Midland, Tx. 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Tatum, New Mexico 82675	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 35
	Twp. 12S	Rge. 37E
	Is gas actually connected? Yes	When

If this production is commingled with that from any other lease or pool, give commingling order number: **MC-1068**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X					X		X
Date Spudded Rework 2/19/74	Date Compl. Ready to Prod. 3-24-74		Total Depth 12,246'		P.B.T.D. 9683			
Elevations (DF, RKB, RT, GR, etc.) 3894 KB	Name of Producing Formation Upper Penn		Top Oil/Gas Pay 9554		Tubing Depth 8200			
Perforations 9554, 59, 77, 98, 9603, 18, 21, 26, 45, 56, 62					Depth Casing Shoe 12,246'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	13-3/8 48#		410		420 sks.			
11"	8-5/8 24-32#		4492		1000 sks.			
7-7/8"	5-1/2 17#		12246		800 sks.			
	2-3/8 4.7#		8200					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

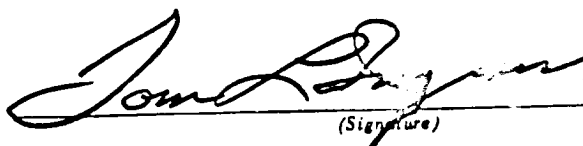
Date First New Oil Run To Tanks 3-24-74	Date of Test 3-24-74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test	Oil-Bbls. 70	Water-Bbls. 250	Gas-MCF 75

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.


(Signature)
OPERATOR
(Title)
March 28, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____

This form is to be filed in compliance with RULE _____
If the well is newly drilled, it must be tabulated and reported within 30 days of completion.
All wells must be filed out completely on Form C-104 and reported within 30 days.
Fill out only III, IV, and VI for change of well name or number, transporter, or other such change.
Separate Form C-104 must be filed for each po