

NO. OF COPIES RECEIVED
DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER
OIL
GAS
OPERATOR
PRODUCTION 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

MAY 27 9 28 AM '69

I. **OWNER**
Name: TOM L. INGRAM
Address: POB 1757 - Roswell, New Mexico 88201
Reasons for filing (Check proper box)
New Well ☐ Change in Transporter of:
Working Lease ☐ Oil ☒ Dry Gas ☐
Extension of Lease ☐ 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: Craig "A"
Well No.: 1
Pool Name, Including Formation: Gladiola-Wolfcamp
Kind of Lease: State, Federal or Free Fee
Location:
Unit Corner: H, 2310 Feet From The North Line and 330 Feet From The East
Line Section: 27, Township: 12S, Range: 37E, NMPM, Lea County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Service Pipeline Company America Pipeline Co.
Address (Give address to which approved copy of this form is to be sent): 3411 Knoxville Ave., Lubbock, Texas
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Warren Petroleum Corp.
Address (Give address to which approved copy of this form is to be sent): Tatum, New Mexico
If well produces oil or liquids, give location of tanks: Unit: H, Sec: 27, Twp: 12S, Rge: 37E
Is gas actually connected? Yes
When: 3/26/69

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 Res'v. Diff. Res'v.
Date Spudded: Date Compl. Ready to Prod.: Total Depth: P.B.T.D.:
Pool: Name of Producing Formation: Top Oil/Gas Pay: Tubing Depth:
Perforations: Depth Casing Shoe:
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE: CASING & TUBING SIZE: DEPTH SET: SACKS CEMENT:

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: Date of Test: 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
Actual Prod. Test-MMCF/D: Length of Test: Bbls. Condensate/MMCF: Gravity of Condensate:
Testing Method (pitot, back pr.): Tubing Pressure: Casing Pressure: 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
By: (Signature)
Clerk: (Title)
5/26/69 (Date)

OIL CONSERVATION COMMISSION
APPROVED: (Signature) 1969
BY: (Signature)
TITLE: DISTRICT
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 Sections I, II, III, and VI only 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