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	1	Energy, N	-	tate of Ne and Natu	v Mexico al Resources Department				Form C-104 Revised 1-1-89 See Instructions	
P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Astesia, NM 88210	OIL CONSERVATION P.O. Box 2088 Santa Fe, New Mexico 8						N		at Bottom of Page	
DISTRICT III		Sa	nta Fe,	New Me	xico 8750	4-2088				
1000 Rio Brazos Rd., Azzec, NM \$7410         REQUEST FOR ALLOWABLE AND AUTHORIZATION           I.         TO TRANSPORT OIL AND NATURAL GAS										
Openator Dwight A. Tipto	n							API No. 0-025-01	315	
Address									.515	
Box 1597, Lovin	gton,	NM	8826	0						
Reason(s) for Filing (Check proper bax) New Well		Change in	Teres	nter of:	Out	st (Piease expli	ain)			
Recompletion	Oil		Dry Ga		566		<b>D</b> - 1		0.0.4	
Change in Operator	Canaghe	d Gas 🔲	Conden	<b>nato</b>	EII	ective	Februa	iry 1, 1	994	
If change of operator give name and address of previous operator <u>Ly</u>	nx.Pe	trole	<u>ມຫ</u>	Box 1	979, Ho	bbs, N	<u>M 882</u>	41	<u> </u>	
IL DESCRIPTION OF WELL	AND LE	ASE								
Lease Name								of Lease Follow of Key	Lease No.	
State A		6	Mal	jamar	Gry-SP	1	3.605		B-2516-3	
Unit LetterE	.:2	310	_ Foot Fr	om The <u>N</u>	orth Lin	9 and9	<u>90</u> F	et From The	West Line	
Section 8 Township 17S Range 33E , NMPM, Lea County										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
Name of Authorized Transporter of Oil 2 or Condensate Address (Give address to which approved copy of this form is to be sent)										
Name of Wolthorized Transporter of Casing			or Dry	Gas	Address (Giv	e address io w	hich approve	l copy of this form	n is to be sent)	
If well produces oil or liquids, pive location of tanks.	Unit I	Sec.	Twp.	Rgs.	ls gas actuali	y connected?	Whe	17	······································	
If this production is commingled with that from any other lesses or pool, give commingling order number: <u>CTB #185</u> IV. COMPLETION DATA										
Designate Type of Completion .	<u>~</u>	Oil Wel		Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v Diff Res'v	
Designate Type of Completion		ipi. Ready i	o Prod.		Total Depth	I	1	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth	
Perforations	Lions								Depth Casing Shoe	
	TUBING, CASING AND				CEMENTI	NG RECOR	2D	_ L	······	
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET	·	SACKS CEMENT		
V. TEST DATA AND REQUES	TFOR	ALLOW	ABLE		<u> </u>					
OIL WELL (Test must be after r					be equal to o	exceed top al	lowable for th	us depth or be fo	r full 24 hours.)	
Date First New Oil Run To Tank	Date of T	'cal			Producing M	iethod (Flow, p	xump, gas lift,	elC.)		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bols.			Gas- MCF		
GAS WELL	1,				<u> </u>			<u>.</u>	· · · · · · · · · · · · · · · · · · ·	
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-ia)			Choke Size	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 that the information given above is true and complete to the best of my knowledge and belief.					Date Approved FEB 1 0 1994					
Aruight A liston										
Signature Dwight A. Tipton - Owner					By ONIGINAL SIGNED BY JERRY SEXTON					
Printed Name Title						Title DISTRICT I SUPERVISOR				
2/1/94		<u>505-3</u>					<u></u>	<u></u>	***>08	
Date		Te	lephone l		11					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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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.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.