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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 Instructions

DISTRICT II P.O. Drawer DD, Artonia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		OTRA	NSF	PORT OIL	AND NAT	URAL GA	S	DI No.			
penter Dwight A. Tipton						Well API No. 30-025-01320					
bwight A. Tiptor	1 30 023 04320										
Box 1597, Loving	jton,	NM	882	260		(B)					
son(s) for Filing (Check proper box) Well		Change is	Тиво	porter of:	U Other	r (Please explai	VI)				
	Oil		Dry								
•	Casinghese	Gas 🗌	Conc	ionate 🗌	Effec	tive Fe	bruary	7 1, 19	94		
ange of operator give name	ıx Pei	trole	ıım	Box 19	79. Ho	bbs. NA	1 882	11			
										,	
DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Include					ng Formation			Kind of Lease		Lease No.	
Shell A State 1 Maljama								State, Reliebalitik Folk		B-2516-42	
cation				_			_			_	
Unit LetterH	:1	980	Feat	From The No	orth Line	and738	5 Fe	et From The _	East	Line	
Section 8 Township 17S Range 33E				ge 33E	, NMPM, Li			ea County			
DESIGNATION OF TRANS	PORTE	R OF C		ND NATUR	Address (Give	address to wh	ich approved	copy of this fo	orm is to be se	ni)	
me of Authorized Transporter of Oil Injection Well							-FF:			·	
ms of Authorized Transporter of Casingt	read Gas		or I	ry Gas	Address (Giv	address to wh	ich approved	copy of this fo	orm is to be se	nt)	
	· · · ·		177	<u></u>	1			When ?			
well produces oil or liquids, e location of tanks.	Unit Sec.		Tw	n Rga	is gas actually connected?		Witett	witeff (
his production is commingled with that fr	rom any oth	ser lease o	r pool.	give commingli	ng order numi	per:					
. COMPLETION DATA							,	·	1	A	
Designate Type of Completion -	an a	Oil We	u l	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
the Spudded	Date Com	pi. Ready	to Pro	d.	Total Depth	<u> </u>	l	P.B.T.D.	1	<u> </u>	
				i							
vations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
forations								Depth Casing Shoe			
				SING AND	CEMENTI			т	040/0 051	CNT	
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
The state of the s	W FOR	ALLOY	I/ A D			·	 	<u> </u>			
TEST DATA AND REQUES IL WELL (Test must be after r	of FOR	ALLUV Iolal volum	ne of l	L.E. ood oil and must	be equal to o	r exceed top all	iowable for th	is depth or be	for full 24 ho	urs.)	
late First New Oil Run To Tank	Date of T		~ -7 "		Producing N	lethod (Flow, p	ump, gas lift,	esc.)			
								Choke Size			
ength of Test	f Test Tubing Pressure				Casing Pressure			CHORE SIZE			
ctual Prod. During Test	Oil - Bhi	Oil - Bhis.				Water - Bbis.			Gas- MCF		
								<u> </u>			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
L OPERATOR CERTIFIC	ATE O	F CON	/PL	IANCE	1	011 00	NOCO:	ATION	DIVICI		
I hereby certify that the rules and regul	lations of th	ne Oil Con	SCIVAL	ion		OIL CO	N2FK/	ALION	1488to1	ON	
Division have been complied with and is true and complete to the best of my	that the ini	formation	given :	above	\$ I		_	FFR T	V		
to the entry continues at the cost of this			• •		∥ Dat	e Approv	ea	,			
Durcht A.	Lin	tan	ر		B			PB 61/ 185	DV FEVER	u	
Signature	77	Otern o ~			∭ By.	ORIGI	•	ed by Jee 'I Superv	RY SEXTO		
Dwight A. Tipto	<u> - 11</u>	Owner	т	ille	Title	a	PIS I RIC	1 JUI ER V			
2/1/94				5-2114		· · · · · ·					
Date		•	Teleph	one No.	11						

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