Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions 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

I.	REQUEST FOR ALI	LOWABLE AND AUTHORIZ ORT OIL AND NATURAL GAS	ATION	
Operator	10 11111101	TO OIL AND NATURAL GAS	Well API No.	
Tipton & Denton				
Address c/o Oil Reports &	Gas Services, Inc., B	ox 755, Hobbs, NM 8824	. 1	
Reason(s) for Filing (Check proper	bax)	Other (Please explain	1	
New Well	Change in Transport		,	
Recompletion	Oil Dry Gas		/91	
Change in Operator	Casinghead Gas Condensa		, , , ,	
If change of operator give name and address of previous operator _				
II. DESCRIPTION OF WI	FLI. AND I FASE			
Lease Name Kemnitz L/WC East	Well No. Pool Nam	ne, Including Formation	Kind of Lease Lease No.	
Location Location	Unit 6 Kemm	itz L/WC	State Frederick XXXX E-10160	
Unit LetterM	660 Feet From	The South Line and 660		
22	1.65		Feet From The West Li	
	wnship 16S Range	34E , NMPM, Lea	a County	
TITDESETGNAPTREND J.P.TI Nata 1 (1907) (Nata 1 (RANSPORTER OF OIL AND	NATURAL GAS		
	Oil XX or Condensate Co.	Address (Give address to which	approved copy of this form is to be sent)	
Name of Authorized Transporter of (Casinghead Gas [XX] or Dry Gal	P. O. Box 1188, H	Houston, TX 77251-1188	
Phillips Petroleum	Co	The section of the se	approved copy of this form is to be sent)	
If well produces oil or liquids,		Bartlesville, OK		
give location of tanks.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Rge. Is gas actually connected?	When?	
f this production is promised at with	M 22 165	34E Yes	8/27/81	
IV. COMPLETION DATA	that from any other lease or pool, give or	ommingling order number:		
	Oil Well Gas	Well New Well Workover D	Deepen Plug Back Same Res'v Diff Res'v	
Designate Type of Complete		i i i	Deepen Plug Back Same Res'v Diff Res'v	
Date Spunden	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		
erforations			Tubing Depth	
CATOL RECOLDS			Depth Casing Shoe	
	TUBING, CASING	AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE		SACKS CEMENT	
			GAORS CEMENT	
MDOM D. M.				
. TEST DATA AND REQUIL WELL Test must be after				
ate First New Oil Run To Tank	er recovery of total volume of load oil an	d musi be equal to or exceed top allowable	for this depth or be for full 24 hours.)	
ete funk New Oti Kun 10 Jank	Date of Test	Producing Method (Flow, pump, go	as lift, etc.)	
ength of Test	Tubing Pressure	Casing Pressure	Choke Size	
ctual Prod. During Test	Oil - Bbls.	W. D.		
	Oil - Bois.	Water - Bbls.	Gas- MCF	
AS WELL				
ctual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
ting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
•			CHOKE SIZE	
L OPERATOR CERTIFIC	CATE OF COMPLIANCE			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above		II OIL CONSE	OIL CONSERVATION DIVISION	
		11		
is true and complete to the best of my	y knowledge and belief.	Data 4	FEB 0 1 1991	
,		Date Approved	F L. I.A. O. E. BOFGER	
Dound Joller				
Signature Donna Holler		- By	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Printed Name	Agent	_		
1/31/91	Title 505-393-2727	Title		
Date	Telephone 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.