

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-----|
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| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PROMOTION OFFICE | |

Operator
Tipton & Denton

Address

Oil Reports AND Gas Service, Box 762, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|-----------------|--|---|-----------------------|
| Lease Name Kennitz Lower Wolfcamp East Unit | Well No. 6 | Pool Name, Including Formation Kennitz Lower Wolfcamp | Kind of Lease State, Federal or Fee State | Lease No. E-10160 |
| Location | | | | |
| Unit Letter M | 660 | Feet From The south | Line and 660 | Feet From The west |
| Line of Section 22 | Township 16S | Range 34E | NMPM, Lea | County |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|---|------------|-------------|-------------|-----------------------------------|-----------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipeline Company by trucks | Address (Give address to which approved copy of this form is to be sent) P.O. Box 900, Dallas, Texas 75221 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company | Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma 74003 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit M | Sec. 22 | Twp. 16S | Rge. 34E | Is gas actually connected? Yes | When 8/27/81 |

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

III. COMPLETION DATA

| | | | | | | | | |
|---|--|-----------------------------------|-----------------------------------|--|---------------------------------|------------------------------------|--|--|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input type="checkbox"/> | Workover <input checked="" type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'tv. <input checked="" type="checkbox"/> | Diff. Res'tv. <input type="checkbox"/> |
| Date Spudded Re-entered 8/11/81 | Date Compl. Ready to Prod. 8/27/81 | | Total Depth 10,860 | | P.B.T.D. 10,790 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4090 GR | Name of Producing Formation Wolfcamp | | Top Oil/Gas Pay 10,734 | | Tubing Depth 10,780 | | | |
| Perforations 10,734--10,738 | | | | | Depth Casing Shoe | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/2 | 10 3/4 | 415 | 400 |
| 8 3/4 | 7 5/8 | 4530 | 450 |
| 6 3/4 | 4 1/2 | 10,957 | 400 |

IV. 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 8/27/81 | Date of Test 9/7/81 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hours | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test 135 bbls Fluid | Oil - Bbls. 30 | Water - Bbls. 105 | Gas - MCF 70 |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

V. CERTIFICATE 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 is true and complete to the best of my knowledge and belief.

Agent

9/9/81

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

TITLE _____

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 only Sections I, II, III, and VI 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 completed wells.