Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Antesia, 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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.		TO TRAN	SPORT OI	L AND NA	TURAL G	AS				
Operator S. D	tor						Well API No.			
Tipton & Denton	· · · · · · · · · · · · · · · · · · ·			··						
c/o Oil Reports & Gas	Servic	es, Inc.	Box 75	5. Hobbs	. NM 883	241				
Reason(s) for Filing (Check proper box)					ner (Please expla					
New Well		Change in Tr			77.5 1	/1 /01				
Recompletion	Oil Control	·	ry Gas \square		Eff. 1,	1/91				
Change in Operator If change of operator give name	Casinghead	Gas [] C	ondensate	···				- · · · · · · · · · · · · · · · · · · ·		
and address of previous operator						······			·····	
IL DESCRIPTION OF WELL	AND LEA	SE								
Lease NameWell No.Pool Name, IncluKemnitz L/WC East Unit3Kemnitz							of Lease Lease No. Federal STAN			
Location		(0		G .1	1.04					
Unit Letter	-:	60 Fe	et From The	South Lin	e and1.98	F	et From The	East	Line	
Section 22 Township 16S Range 34E , NMPM, Lea County										
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this form is to be sent)										
Enron Oil Trading & Tr Name of Authorized Transporter of Casing	P. O. Box 1188, Houston, TX 77251-1188									
Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, OK					ent)				
If well produces oil or liquids, Unit Sec. Twp. Rge.					Is gas actually connected? When?					
give location of tanks. M 22 16S 34E Yes 9/8/64										
If this production is commingled with that IV. COMPLETION DATA	from any othe	·	l, give comming	ling order numl	ber:					
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	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			Tubing Depth			
Perforations		Depth Casing Shoe				 				
11015.0175	TUBING, CASING ANI)	,			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES				L <u></u>						
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of total	d volume of lo	ad oil and must					full 24 how	·s.)	
Date First New Oil Rule 10 Talik	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 - MCF/D	Length of Te	st		Bbls. Condensate/MMCF			Gravity of Condensate			
Corina Markad (circulated	Tibles Prose (Classic)									
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFICA	TE OF	COMPLIA	ANCE		W 00M		TIONER	1/1010	• • • • • • • • • • • • • • • • • • •	
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.				F G G G G G G G G G G						
100 11 11				Date	Approved		- D7 "	· · · · · ·		
Signature William & Caller				Ву	C#:	and the second	* . N		96	
Donna Holler Agent Printed Name Title										
1/31/91		505-393		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,