

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Operator <b>Tipton &amp; Denton</b>	
Address <b>c/o Oil Reports &amp; Gas Services, Inc., Box 761, Hobbs, New Mexico 88240</b>	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) <b>Effective 1/1/81</b>	

If change of ownership give name and address of previous owner. **Phico Petroleum Corporation, P. O. Box 869, Albuquerque, NM 87103**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Kennitz L/Wolfcamp East Unit 3</b>	Well No. <b>660</b>	Pool Name, including Formation <b>Kennitz Wolfcamp</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No.
Location Unit Letter <b>0</b> ; <b>660</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b> Line of Section <b>22</b> Township <b>16S</b> Range <b>34E</b> , NMPM, <b>10S</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Mobil Pipeline by trucks</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 900, Dallas, Texas 75221</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Bartlesville, Oklahoma</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>M</b> Sec. <b>22</b> Twp. <b>16S</b> Rge. <b>34E</b>	Is gas actually connected? <b>Yes</b> When <b>9/8/64</b>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations			Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

V. 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	Date of Test	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 Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. 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.

*[Signature]*  
(Signature)  
**Agent**  
(Title)  
**1/6/81**  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY **Jerry Sexton**  
TITLE **Dist. 1, Supv.**

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 Form C-104 must be filed for each pool in multiple completed wells.

To \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ AM ☐ PM

**WHILE YOU WERE OUT**

M \_\_\_\_\_  
of \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_  
Area Code Number Extension

TELEPHONED	<input type="checkbox"/>	PLEASE CALL	<input type="checkbox"/>
CALLED TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN	<input type="checkbox"/>
WANTS TO SEE YOU	<input type="checkbox"/>	URGENT	<input type="checkbox"/>

☐ RETURNED YOUR CALL ☐

Message \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Operator \_\_\_\_\_



REORDER  
#23-000

Kempitz #3

0-22-16-34

TD 10810

perf 10800-806

10 3/4 415' circ

2 5/8 @ 4525 4500

4 1/2 @ 10810 4000

CIPR

7800 100'

6000 GLOP 100'

stut 50 in / 5000 ft

7 5/8 shoe 50 in / 5000 ft

stut 90 in / 5000 ft

anhyd 620 100'

stut 50 in / 5000 ft