

NO. OF SPONSORING MEMBERS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

P. O. BOX 2080  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Dwight A. Tipton	
Address c/o Oil Reports & Gas Services, Inc. Box 763, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE

DESCRIPTION OF WELL AND LEASE

Lease Name Leavelle	Well No. 1	Pool Name, Including Formation North Shoe Bar Wolfcamp	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>23</u> Township <u>16S</u> Range <u>35E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> J. M. Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) 2000 North Tower Plaza of the Americas, Dallas, TX 75201	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Tipperary Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3179, Midland, TX 79702	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 23
	Twp. 16S	Rge. 35E
	Is gas actually connected? <u>Yes</u> When <u>9/4/81</u>	

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

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 type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded PB 1/11/83	Date Compl. Ready to Prod. 1/29/83		Total Depth 12,160		P.B.T.D. 11,230			
Elevations (DF, RKB, RT, GR, etc.) 3984.5 RKB	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10,298		Tubing Depth 10.368			
Perforations 10,298-10,308					Depth Casing Shoe 12,160			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	423	500
11	8 5/8	4260	1400
7 7/8	5 1/2	12160	500
	2 3/8	10368	

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 1/29/83	Date of Test 1/30/83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 34	Water-Bbls. 110	Gas-MCF 92

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

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)  
Agent  
(Title)  
2/3/83  
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 7 1983, 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
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 Form C-104 must be filled for each pool in multiple completed wells.

RECEIVED  
FEB 3 1983  
O.C.D.  
HOBBS OFFICE

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