

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

NO. OF SUPPLIES RECEIVED		
DISTRIBUTION		
SANTAFE		
FILE		
U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL GAS	
OPERATOR		
PRODUCTION OFFICE		
Cooperator		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Dwight A. Tipton

Address

c/o Oil Reports & Gas Services, Inc. Box 763, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐

Casinghead Gas ☐ Condensate ☐

Effective 11/1/82

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

DESCRIPTION OF WELL AND LEASE				Lease No.
Lease Name Rhodes	Well No. 1	Pool Name, Including Formation EK-Yates-SR-Qu	Kind of Lease State, Federal or Free State	L-6309
Location Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line of Section 9 Township 18S Range 34E , NMPM, Lea County				

1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					2000 North Tower Plaza of the Americas, Dallas, TX 75201	
J M Petroleum Corporation						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	9	18S	34E	No	

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

IV. COMPLETION DATA

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
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		

TUBING, CASING, AND CEMENTING RECORD

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

7. 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)

OIL WELL			
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

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, 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.

ORIG. SIGNED BY: DONNA HOLLS

(Signature)

Agent

(Tula)

11/1/82

(date)

OIL CONSERVATION DIVISION

NOV 3 1982

APPROVED _____, 19

ORIGINAL SIGNED BY

~~JERRY SEXTON~~

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 III.

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 transportation, or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multiple
 considered wells.