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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | |
|---|---|
| Operator Tipton & Denton | Well API No. 30-025-23550 |
| Address c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs, NM 88241 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| 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 Operator <input checked="" type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Effective 10/1/90 | |
| If change of operator give name and address of previous operator Dwight A. Tipton, P. O. Box 755, Hobbs, NM 88241 | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|---|---------------------|
| Lease Name Pure State | Well No. 2 | Pool Name, Including Formation Pearl Queen | Kind of Lease State, Federal XXXX | Lease No. E-6005 |
| Location Unit Letter M : 560 Feet From The South Line and 560 Feet From The West Line Section 36 Township 19S Range 34E, NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|---|------------|-------------|-------------|-----------------------------------|------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, TX 79702 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK 74102 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit M | Sec. 36 | Twp. 19S | Rge. 34E | Is gas actually connected? Yes | When? 11/6/90 |

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 X | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | P.B.T.D. | | | | |
| Recomp. 10/18/90 | 11/6/90 | 10,225 | | 5865 | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3697 GR | Name of Producing Formation Queen | Top Oil/Gas Pay 5100 | | Tubing Depth 5180 | | | | |
| Perforations 5100 - 5148 | | | | Depth Casing Shoe 10,225 | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 15 | 11 3/4 | | 438 | | 450 | | | |
| 11 | 8 5/8 | | 4050 | | 500 | | | |
| 7 7/8 | 4 1/2 | | 10225 | | 700 | | | |
| | 2 3/8 | | 5180 | | | | | |

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 Tank 11/6/90 | Date of Test 11/6/90 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hours | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. 20 | Water - Bbls. None | Gas - MCF 25 MCF |

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 |

VI. OPERATOR 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 Donna Holler Agent
Printed Name Donna Holler Title
Date 11/26/90 Telephone No. 505-393-2727

OIL CONSERVATION DIVISION

Date Approved NOV 26 1990

By _____

Title _____

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.