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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator TOM L. INGRAM		
Address P. O. Box 1757 - Roswell, New Mexico 88201		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	5/25/71
Recompletion <input 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

NO CHANGE HAS BEEN PLACED IN THE POOL
BEING FILED. IF YOU DO NOT CONCUR
PLEASE FILE.

II. DESCRIPTION OF WELL AND LEASE

Lessee Name State "L"	Well No. 1	Pool Name, Including Formation Vacuum- Abo Reef	Kind of Lease State, Federal or Fee State	Lease No. B-2287
Location Unit Letter C ; 990 Feet From The North Line and 1890 Feet From The West Line of Section 19 Township 17S Range 36E , 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"/>	Address (Give address to which approved copy of this form is to be sent)	
Atlantic Richfield Company Trucks	P. O. Box 1610, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Skelly Oil Company	P. O. Box 1650, Tulsa, Oklahoma	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 19
	Twp. 17S	Rge. 36E
	Is gas actually connected? No	
	When 30 days	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-26-71	Date Compl. Ready to Prod. 3-25-71		Total Depth 8945'		P.B.T.D. 8902'			
Elevations (DF, RKB, RT, GR, etc.) 3891 GR, 3901 DF, 3902 KB	Name of Producing Formation Abo Reef		Top Oil/Gas Pay 8780'		Tubing Depth 8730'			
Perforations 8780, 84, 87, 94, 8811, 30, 32, 49, 56, 62, 76, 84, 87, 93.					Depth Casing Shoe 8945'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	13-3/8		335'		300 sx Circ.			
11"	8-5/8		3300'		200 sx			
7-7/8 "	5-1/2		8945'		300 sx			

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)

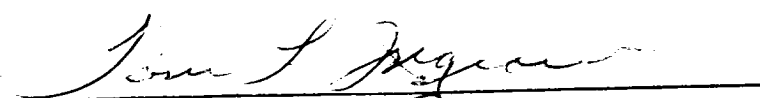
Date First New Oil Run To Tanks 3-25-71	Date of Test 3-25-71	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 225	Casing Pressure 0 (Packer)	Choke Size 20/64
Actual Prod. During Test	Oil-Bbls. 310	Water-Bbls. 0	Gas-MCF 280

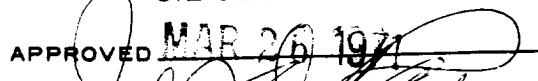
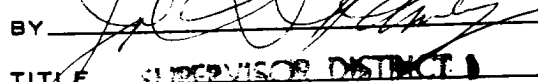
GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Operator
(Title)
3-26-71
(Date)

OIL CONSERVATION COMMISSION
APPROVED  MAR 26 1971, 19____
BY 
TITLE SUPERVISOR DISTRICT 1
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 Forms C-104 must be filed for each pool in multiply

RECEIVED

MAR 23 1971

OIL CONSERVATION COMM.
BOBBS, N. J.