

DISTRIBUTION			
SANTA FE			
FILE			
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:	OIL AND NATURAL GAS MUST NOT BE PLACED AFTER 10/14/71 IN AN EXCEPTION TO R-1070 IS REQUIRED	
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 _____

Lease Name State "L"		Well No. 2	Pool Name, including Formation Vacuum Abo Reef		Kind of Lease State, Federal or Fee State	Lease No. B-2287
Location Unit Letter L ; 2310 Feet From The South Line and 330 Feet From The West Line of Section 19 Township 17S Range 36E , NMPM, Lea County						

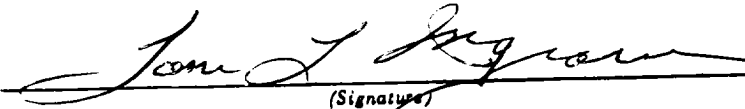
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Texas-New Mexico Pipeline Company					P. O. Box 1510 - Midland, Texas 79701	
Name of Authorized Transporter of 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)	
Phillips Petroleum Company					Bartlesville, Oklahoma	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 19	Twp. 17S	Rge. 36E	Is gas actually connected? awaiting PL contrst.	When

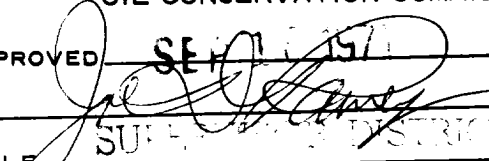
If this production is commingled with that from any other lease or pool, give commingling order number: _____

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8-21-71	Date Compl. Ready to Prod. 9-14-71		Total Depth 8930'		P.B.T.D. 8875				
Elevations (DF, RKB, RT, GR, etc.) 3898GR / 3911DB	Name of Producing Formation Vacuum Abo		Top Oil/Gas Pay 8715		Tubing Depth 8544				
Perforations One (1) shot per foot. 8715, 21, 28, 31, 55, 68, 74, 99, 8818, 69, 74.					Depth Casing Shoe 8930				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17"	13 3/8		320		300 sx. circulated				
11"	8 5/8		3200		200 sx.				
7 7/8"	5 1/2		8930		300 sx.				
	2 3/8		8544						

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 9-14-71	Date of Test 9-14-71	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs.	Tubing Pressure 120	Casing Pressure -0- Packer	Choke Size 24/64"
Actual Prod. During Test	Oil-Bbls. 212	Water-Bbls. -0-	Gas-MCF 1728

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.	
	
Operator	(Title)
9-16-71	(Date)

OIL CONSERVATION COMMISSION	
APPROVED	SEP 16 1971
BY	
TITLE	SUPERVISOR DISTRICT I
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 completed wells.	

RECEIVED

SEP 10 1971

CAL CONSERVATION A. A.
MOBES, E. L.