

STATE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRODUCTION 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-105 Effective 1-1-65

Operator Tom L. Ingram Address P.O.Box 1757 Roswell, New Mexico 88201 Reasons for filing (Check proper box) New Well [ ] Change in Transporter of: Oil [XX] Dry Gas [ ] Recompletion [ ] Casinghead Gas [ ] Condensate [ ] Change in Ownership [ ] Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name TP State Well No. 2 Pool Name, including Formation Vacuum Abo Reef Kind of Lease State, Federal or Fee State Lease No. E-7567-1 Location Unit Letter I 1980 Feet From The South Line and 330 Feet From The East Line of Section 24 Township 17 S Range 35 E NMPM Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XX] or Condensate [ ] Pride Pipeline Company Address (Give address to which approved copy of this form is to be sent) P.O.B. 2436 Abilene, Texas 79604 Name of Authorized Transporter of Casinghead Gas [XX] or Dry Gas [ ] Phillips Petroleum Company Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma If well produces oil or liquids, give location of tanks. Unit 1 Sec. 24 Twp. 17 S Rge. 35 E Is gas actually connected? Yes When 2-10-72

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 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. Elevations (DF, RAB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 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

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. 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.

Engineer (Signature) (Title) 7-24-84 (Date)

OIL CONSERVATION COMMISSION JUL 27 1984 APPROVED BY Eddie W. Seay TITLE Oil & Gas Inspector 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

JUL 26 1984

U.S. O.  
HOBBS OFFICE