Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410	REOU	IFST FO	)R AI	LOWAR	LE AND	AUTHORIZ	ZATION	6/	1.20-	$rac{1}{i} rac{1}{i} rac{1}{i}$	
	REQUEST FOR ALLOWABLE AND AUTHORIZAT TO TRANSPORT OIL AND NATURAL GAS						S	T Well API No.			
Operator Dwight A. Tipton											
Address	Cannia	.a. Tno	. 10	10x 755	Vobbe	MM 882/	17				
c/o Oil Reports & Gas Reason(s) for Filing (Check proper box)	Service	es, inc	., .	OX 755,		x (Please expla					
New Well		Change in	Transpo	orter of:		•	Effort.	ive ll/	1 /01		
Recompletion	Oil		Dry Ga	15 <u> </u>			FILEC	.ive ii/	1/31		
Change in Operator	Casinghea	d Gas 😾	Conde	nsate							
f change of operator give name and address of previous operator						·				<u></u>	
I. DESCRIPTION OF WELL . Lease Name	AND LEASE  Well No. Pool Name, Including							f Lease No.		ease No.	
Crown	1 House Dr				T XXXX			Federakor Fe	e		
Location											
Unit Letter B	:231	10	Feet Fi	rom The Ea	ast Lin	and 330	Fe	et From The	North	Line	
Section 13 Township	20s		Range	38E	, NI	мрм,	Lea			County	
	~~~~~~	D 0E 0			DAT CAS						
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conden		D NATU	Address (Giv	e address to wh	ich approved	copy of this f	form is to be se	ent)	
Navajo Refining Compan	^^	0. 002002				x 159, Aı				•	
Name of Authorized Transporter of Casing			or Dry	Gas		e address to wh				int)	
Sid Richardson Carbon	& Gaso]			_,		y Bank To			St,FtWo	rth TX	
If well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp.		Is gas actuall	y connected?	When	7 3/20/6	: 4		
f this production is commingled with that	B I	13 er lease or	205		Yes ing order num	ber:		3/20/6			
V. 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.			
levations (DF, RKB, RT, GR, etc.)  Name of Producing Formation					Top Oil/Gas	Pay	- <u> </u>	Tubing Depth			
Perforations	<u> </u>			<del> </del>	<u> </u>			Depth Casin	ng Shoe		
							<del> </del>	<u> </u>	····		
	TUBING, CASING AND							SACKS CEMENT			
HOLE SIZE	CA	SING & TU	BING	SIZE		DEPTH SET		<del> </del>	SACKS CEM	ENI	
		· · · · · · · · · · · · · · · · · · ·				<del></del>	<del> </del>				
			. D. T.					<u> </u>	<u></u>		
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR A	ALLOW A	ABLE		he equal to or	exceed ton allo	wahle for thi	denth or he	for full 24 hou	rs.)	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Te		oj iouu	OH GIRL ITHES		ethod (Flow, pu			, , , , , , , , , , , , , , , , , , , ,		
	<b>Sab</b> 0. 100							T			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
tenient tion materil tons	On - Bois.				<u> </u>						
GAS WELL	<u> </u>		-					-			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COME	LIA	NCE			ICEDY	ATION	חואופוכ	NI.	
I hereby certify that the rules and regul	ations of the	Oil Conser	vation		'	OIL CON	IOEM V	A HON	אופואוח	JIN	
Division have been complied with and is true and complete to the best of my	unat the info knowledge a	rmation giv nd belief.	en abov	C	D=4=	A mm == :-	<u>ہ</u>			j	
					11	Approve					
Denn Had	4.	·············			D.	Orig, Si <b>Paul</b> <b>G</b> eol	gned Ly				
Signature Donna Holler		Age	n+		<sup>By</sup> -	Geoi	oxiot				
Printed Name		nye	Title		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.

505-393-2727 Telephone No.

- 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.