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Appropriate District Office
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

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

OIL CONSERVATION DIVISION

Form C-104 Revised 1-1-89 See Instructions

DISTRICT II P.O. Drawer DD, Antes.a, NM 88210

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-025-27014 Dwight A. Tipton Address c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, New Mexico 88241 Other (Please explain) Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Effective 1/1/91 X Dry Gas Oil Recompletion Condensate Casinghead Gas Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No Lease Name SMOE, Federal or XXXX Elliott Federal LC-065525 1 Wantz Abo Location 660 1980 Feet From The North Line and \_ East Unit Letter \_\_ 21S Range 38E , NMPM, Lea County Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate X P. O. Box 159, Artesia, New Mexico 88210 Navajo Refining Co. Truck Division Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas  $\square$ Box 3000, Texaco Producing Inc ο. Tulsa, OK 74102 Twp. Unit Rge. Is gas actually connected? When? If well produces oil or liquids, give location of tanks. Sec. 4/30/82 | 21S | 38E Yes ] H 8 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well Diff Res'v Oil Well New Well | Workover Deepen Plug Back Same Res'v Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKE, RT, GR, etc.) Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE **DEPTH SET** V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Casing Pressure Choke Size Length of Test Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved \_\_\_ Houng By\_ Signature Donna Holler Agent Printed Name Title Title 12/18/90 Date

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.

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.

505-393-2727