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 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator									Well API No.				
Dwight A. Tipton							30-025-27933						
Address	 												
c/o Oil Reports & Gas	s Servi	ces, I	nc.	., E	30x 75	5, Hobb	s, New Me	exico 88	3241				
Reason(s) for Filing (Check proper box) Other (Please explain)													
New Well		Change in		•	er of:						:		
Recompletion	Oil	<u>X</u>	Dry	/ Gas		Effe	ctive 1/	1/91			i		
Change in Operator	Casinghea	d Gas	Con	ndensi	ile	···							
If change of operator give name and address of previous operator							·			·			
II. DESCRIPTION OF WELL	AND LE	ASE											
Lease Name	Well No. Pool Name, Includi				ne, Includi	ng Formation			Kind of Lease		ease No.		
Elliott "A" Federal	3 Littman					San Andres			NM-0554603)554603		
Location	0.0				37 .		0.4	0.4.0		••			
Unit Letter	Unit Letter C 990 Feet From The North Line and 2240 Feet From The West									Line			
Section 9 Township 21S Range 38E							, NMPM, Le			a County			
Section 5 Township	·		Nat	uge		, 11	IVITIVI,				County		
III. DESIGNATION OF TRAN	SPORTE	ROFO	IL A	AND	NATU	RAL GAS							
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)												
									Artesia, New Mexico 88210				
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						i .			d copy of this form is to be sent)				
Texaco Producing Inc						P. O. Box 3000, Tuls							
If well produces oil or liquids, give location of tanks.	Unit C							When? 9/20/85					
If this production is commingled with that t	+	L				ing order num	Yes her		9/20/	23			
IV. COMPLETION DATA			pou,	, 5	· chiamaga	ing order mail							
		Oil Well		Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		<u> </u>	1	Ĺ			1	<u>i </u>	<u> </u>	<u> </u>			
Date Spudded	Date Com	pl. Ready to	Proc	d.		Total Depth			P.B.T.D.				
						Top Oil/Gas Pay							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						TOP OTH ORD TRY			Tubing Depth				
Perforations									Depth Casir	g Shoe			
									'	·			
	7	UBING.	CA	SIN	G AND	CEMENTI	NG RECOR	D					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
									ļ				
									+				
V. TEST DATA AND REQUES	TEOD	LLOW	ADI	Ē									
OIL WELL (Test must be after re					and must	he equal to or	exceed top all	owable for thi	s depth or he	for full 24 hou	urs)		
Date First New Oil Run To Tank	Date of Te		0, 10		G/40 //40.		ethod (Flow, pi			,, <u></u> ,	10.)		
							•	, , ,					
Length of Test	Tubing Pressure					Casing Pressure			Choke Size	Choke Size			
					, ,				100	Co. MCS			
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.			Gas- MCF	Gas- MCF			
	İ					<u> </u>			<u> </u>				
GAS WELL													
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate				
						Color Description			Choke Size				
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)						Casing Pressure (Shut-in)			Circuit Size				
						İ	······································		J				
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]	J.E 0 0.	· · · · · · · · · · · · · · · · · · ·		-			
is true and complete to the best of my knowledge and belief.						Doto	Approve	a					
. 4						Date	Approve	'u					
Woxus Hoder						D							
Signature						∥ By_		11 6 7 45					
Donna Holler Agent Printed Name Title													
_12/18/90 505-393-2727						litle							
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.
- 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.