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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 POB 1757, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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"/>

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 5/1/73
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name and address of previous owner _____
THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.

Lease Name State "0"		Well No. 1	Pool Name, Including Formation Triple "X"	K-4511	Kind of Lease State, Federal or Fee	State	Lease No. K-3018
Location Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West							
Line of Section 7 Township 24-S Range 33-E , NMPM, Lea County							

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corp. (Western Trucks)		Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None at present		Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 7	Twp. 24-S	Rge. 33-E	Is gas actually connected?	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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-13-73	Date Compl. Ready to Prod. 3-1-73	Total Depth 5204		P.B.T.D. 5154					
Elevations (DF, RKB, RT, GR, etc.) 3590 KB	Name of Producing Formation Deleware Sd.	Top Oil/Gas Pay 5010		Tubing Depth 4912					
Perforations 5010-12, 5016-23, 5029-34		Depth Casing Shoe 5203							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
14	12-3/4	60		Mud					
11	8-5/8	404		200 circ.					
7-7/8	4-1/2	5203		300					
	2-3/8	4911							

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 3-1-73	Date of Test 3-8-73	Producing Method (Flow, pump, gas lift, etc.) Fbw	
Length of Test 24	Tubing Pressure 300	Casing Pressure 0	Choke Size 20/64
Actual Prod. During Test	Oil-Bbls. 120	Water-Bbls. 12	Gas-MCF 100

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		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
Operator Tom L. Ingram (Signature)		BY John W. Runyan Geologist	
March 9, 1973 (Date)		TITLE _____	
		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. Form C-104 must be filed for each pool in multiply	