

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
S & J Operating Company

Address
P. O. Box 2249, Wichita Falls, TX 76307

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recombination	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership / Operator	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner Mobil Producing TX & N. M., Inc.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>T. D. Pope</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Denton Devonian</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>South</u> Line of Section <u>35</u> Township <u>14S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Mobil Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 900, Dallas, TX 75221</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Tipperary Resources Corp. J L Davis</u>	Address (Give address to which approved copy of this form is to be sent) <u>500 West Illinois, Midland, TX 79702</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>26</u>	Twp. <u>14S</u>	Res. <u>37E</u>
	Is gas actually connected? <u>Yes</u>		When <u>May 1, 1970</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Sandy Robertson
(Signature)
Petroleum Engineer
(Title)
December 5, 1988
(Date)

OIL CONSERVATION DIVISION
DEC 13 1988
APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rec'y.	Diff. Rec'y.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.S.T.D.			
Elevations (DP, RKB, RT, CR, 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 *(Tests 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/MCF	Gravity of Condensate
Testing Method (plac, back pr.)	Tubing Pressure (Stab-LS)	Casing Pressure (Stab-LS)	Choke Size

D-1110
 DEC 8 1988
 OOD
 HOURS OFFICE