	40. OF COPIES REC					
	DISTRIBUTION				NEW MEXICO OI	
	SANTA FE				REQUE	
	FILE					
	U.S.G.S.			AUTHOR	RIZATION TO	
	LAND OFFICE					
	TRANSPORTER	GAS	+			
	OPERATOR					
	PRORATION OF	FICE				
	Operator Mobil I	Producir	ng TX.	& N.M.	Inc.	
	Address					
	Nine Gr	reenway	Plaza,	Suite :	2700, Houst	
	Reason(s) for filing (Check propi		per box)			
ĺ	New Well			Change in 1	Transporter of:	
	Recompletion			Oii	Dr:	
	Change in Ownership	<u> </u>		Casinghead	Gas Co	
	If change of owners and address of prev DESCRIPTION O Legge Name Dento	ious owner	1	ISE Well No. F	ool Name, Includin	
		ip Ut-Tr		4	Denton Wo	
I	Location	ip 00 11	+ /	17	DELICON WO	
	Unit Letter L	·;	1815	_Feet From	The South	
	Line of Section	36	Townshi	<u> 14S</u>	Range	
	DESIGNATION OF	C 375 43161	10 B TEB	05.011.4		
	DESIGNATION OF Name of Authorized SEE ATT	Transporter of ACHMENT	of Oil	or Con	ND NATURAL	
Ì	Name of Authorized		of Castagh	end Gas V	or Dry Gos	
l		ry Reso			G 2., GG	
	If well produces oil of give location of tank	or liquids,	Uni		Twp. Pge.	
	dive location of tank		, '	0 20	143 3/6	
			d with th	at from any	other lease or po	
	If this production is COMPLETION DA	NTA		011	Well Gas Wel.	
	COMPLETION DA Designate Typ	NTA	letion -	(X) Oil	Well Gas Wel.	
	Designate Typ	NTA	letion -	(X) Oil	Well Gas Well X dy to Prod.	
	Designate Typ Date Spudded 6-22-83	e of Comp	letion —	(X) Oil • Compl. Red 7-16-	Well Gas Well X dy to Prod.	
	Designate Typ Date Spudded 6-22-83 Elevations (DF, RKB)	e of Comp	letion —	Compl. Reco	Well Gas Well X dy to Prod. 83	
	Designate Typ Date Spudded 6-22-83 Elevations (DF, RKB 3802' (G)	e of Comp	letion —	Compl. Reco	Well Gas Well X dy to Prod.	
	Designate Typ Date Spudded 6-22-83 Elevations (DF, RKB 3802' (G) Perforations	e of Comp	letion —	Compl. Reco	Well Gas Well X dy to Prod. 83	
	Designate Typ Dete Spudded 6-22-83 Elevations (DF, RKB 3802' (G)	e of Comp	letion —	(X) Compl. Rea 7-16- The of Producti Wol	Weil Gas Wel. X dy to Prod. 83 ng Formation f Camp	
	Designate Typ Date Spudded 6-22-83 Elevations (DF, RKB 3802' (G) Perforations	e of Comp	letion —	(X) • Compl. Rea 7-16- • of Product Wol	Weil Gas Wel. X dy to Prod. 83 ng Formation f Camp	
	Designate Typ Date Spudded 6-22-83 Elevations (DF, RKB 3802' (Gi Perforations 9138-9229	e of Comp	letion —	(X) Compl. Red 7-16- Wol Wol Tul	Well Gas Well X dy to Prod. 83 ng Formation fcamp BING, CASING, A TUBING SIZE	
	Designate Typ Date Spudded 6-22-83 Elevations (DF, RKB 3802' (GI Perforations 9138-9229 HOLE:	e of Comp	letion —	(X) Compl. Red 7-16- No1 Wol TUI CASING &	Weil Gas Well X dy to Prod. 83 ng Formation fcamp BING, CASING, A TUBING SIZE 3/8	
•	Designate Typ Date Spudded 6-22-83 Elevations (DF, RKB 3802' (Gi Perforations 9138-9229	e of Comp	letion —	(X) Compl. Red 7-16- No1 Wol TUI CASING &	Well Gas Well X dy to Prod. 83 ng Formation fcamp BING, CASING, A TUBING SIZE	
	Designate Typ Date Spudded 6-22-83 Elevations (DF, RKB 3802' (Gi Perforations 9138-9229 HOLE S NA NA NA NA TEST DATA AND OIL WELL	e of Comp	Det	(X) • Compi. Rea 7-16- • of Producti Wol TUI CASING & 13- 9- 7	Well Gas Well X dy to Prod. 83 ng Formation f Camp BING, CASING, A TUBING SIZE 3/8 5/8	
	Designate Typ Date Spudded 6-22-83 Elevations (DF, RKB 3802' (GI Perforations 9138-9229 HOLE: NA NA NA NA TEST DATA AND OIL WELL Date First New Cil R	e of Comp	Det	(X) Compl. Rea 7-16- Wol TUI CASING & 13- 9- 7	Well Gas Well X dy to Prod. 83 ng Formation FCAMP BING, CASING, A TUBING SIZE 3/8 5/8 LE (Test must be able for this	
	Designate Typ Date Spudded 6-22-83 Elevations (DF, RKB 3802' (Gi Perforations 9138-9229 HOLE: NA NA NA NA TEST DATA AND OIL WELL Date First New Cil R 7-16-83 Length of Test	REQUES	Date Da	(X) • Compi. Rea 7-16- • of Producti Wol TUI CASING & 13- 9- 7	Well Gas Well X dy to Prod. 83 ng Formation FCAMP BING, CASING, A TUBING SIZE 3/8 5/8 LE (Test must be able for this	
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	Designate Typ Date Spudded 6-22-83 Elevations (DF, RKB 3802' (Gi Perforations 9138-9229 HOLE: NA NA NA NA TEST DATA AND OIL WELL Date First New Cil R 7-16-83 Length of Test	REQUES	Date of Tub	(X) Compi. Red 7-16- TUI CASING & 13- 9- 7 ALLOWABI For Test 7-20- Ing Pressure	Well Gas Well X dy to Prod. 83 ng Formation FCAMP BING, CASING, A TUBING SIZE 3/8 5/8 LE (Test must be able for this	
	Designate Typ Date Spudded 6-22-83 Elevations (DF, RKB 3802' (Gi Perforations 9138-9229 HOLE: NA NA NA NA TEST DATA AND OIL WELL Date First New Cil R 7-16-83 Length of Test 24 Hours Actual Prod. During 7 122 (BNO) GAS WELL	REQUES	T FOR A	(X) • Compi. Rea 7-16- • of Producti Wol TUI CASING & 13- 9- 7 ALLOWABL • of Test 7-20- ing Pressure	Weil Gas Well X dy to Prod. 83 ng Formation fcamp BING, CASING, A TUBING SIZE 3/8 5/8 LE (Test must be able for this	
	Designate Typ Date Spudded 6-22-83 Elevations (DF, RKB 3802' (Gi Perforations 9138-9229 HOLE: NA NA NA TEST DATA AND OIL WELL Date First New Cil R 7-16-83 Length of Test 24 Hours Actual Prod. During 1	REQUES	T FOR A	(X) Compi. Red 7-16- TUI CASING & 13- 9- 7 ALLOWABI For Test 7-20- Ing Pressure	Weil Gas Well X dy to Prod. 83 ng Formation fcamp BING, CASING, A TUBING SIZE 3/8 5/8 LE (Test must be able for this	

(Date)

IL CONSERVATION COMMISSION

Form C-104

FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65	
U.S.G.S.	ALITHOPIZATION TO TR	AND		
LAND OFFICE	AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL	GAS	
TRANSPORTER OIL			•	
GAS			•	
OPERATOR				
PROPATION OFFICE			·	
Mobil Producing	TV & N.M. Too			
Mobil Producing	IA. a N.M. INC.			
	aza, Suite 2700, Houstor	Toyan 77046		
Reason(s) for filing (Check proper be	024, 041 te 2700, 11045 to1	Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion X	Oil Dry G	Gas 🔲	•	
Change in Ownership	Casinghead Gas Conde	ensate		
If change of ownership give name				
and address of previous owner				
DESCRIPTION OF WELL AND				
Lesse Name Denton North Wolfcamp Ut-Tr.	Well No. Pool Name, Including		Ledge No.	
Location	7 4 Denton Wol	fcamp State, Feder	el or Fee	
_	815 South	220		
Unit Letter L : 1	815 Feet From The South Li	ne and 330 Feet From	The West	
Line of Section 36 T	ownship 14S Range	37E , NMPM, lea	County	
		J/L , , , , , , , , , , , , , , , , , , ,	County	
	RTER OF OIL AND NATURAL G	AS		
Name of Authorized Transporter of O	il 📉 or Condensate 🗀	Address (Give address to which appro	oved copy of this form is to be vent)	
SEE ATTACHMENT	Con Man			
Name of Authorized Transporter of C Tipperary Resource		Address (Give address to which appro		
	Unit Sec. Twp. Pge.	500 West Illinois, M	idland, TX 7970]	
If well produces oil or liquids, give location of tanks.	J 26 14S 37E			
		<u> </u>	7-16-83	
I this production is commingled w	ith that from any other lease or pool,	give commingling order number:	•	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty	
Designate Type of Complet	on – (X)	X	X X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
6-22-83	7-16-83	12642	12065	
Elevations (DF, RKB, RT, GR, etc., 3802' (GR)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
3802' (GR)	Wolfcamp	<u> 9138</u>	9326 Depth Casing Shoe	
9138-9229			Depth Casing Shoe	
	TUBING CASING AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
NA	13-3/8	320	350	
NA	9-5/8	4767	2816	
NA	7	12642	700	
		<u> </u>		
TEST DATA AND REQUEST F			and must be equal to or exceed top allow	
OIL WELL Date First New Cil Run To Tanks	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas li	(r)	
7-16-83	7-20-83		js, 4 56.j	
/~10-83	Tubing Pressure	Pumping Casing Pressure	Choke Size	
24 Hours	,		1	
Actual Prod. During Test	Cil-Bbis.	Water - Bbis.	Gas - MCF	
122 (BNO)	30	o	10	
	- 12,M			
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)	Cosing Pressure (Shut-in)	Choke Size	
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION	
	regulations of the Oil Conservation	APPROVED JUL 2	. 1383	
Commission have been complied	with and that the information given a best of my knowledge and belief.	BY ORIGINAL ALALIES	Par 19664	
and and complete to th	or my mnowassage snd ocuter,	DISTRICT IS	PRIME	
^		TITLE	ALEXAIDOK	
$(0,) \land$	C. M	This form is to be filed in o	compliance with RULE 1104.	
- rauco U-	Willime!	If this is a request for allow	able for a newly drilled or deepened	
Authorized Agent	atwe)	well, this form must be accompant tests taken on the well in accor	nied by a tabulation of the deviation dance with RULE 111.	
	-1-1	All sections of this form mus	at be filled out completely for allow-	
7-25-83	tle)	able 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

RECEIVED

JOL 20 1983

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on the section of the