INDIVISIONAL TO Supersedes Old C-104 and C-11 REQUEST FOR ALLOWABLE Effective 1-1-65 CMA AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PRORATION OFFICE Operator Skelly Oil Company P. O. Box 1351, Midland, Texas 79701 Other (Flease explain) Reason(s) for filing (i rich proper box) New Well Change in Transporter of: Change effective May 1, 1970. Ott Dry Gas Recompletion Condensate Casinghead Gas 🔀 Change in Ownership If change of ownership give name and address of previous II. DESCRIPTION OF WELL AND LEASE Tell No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee B-8944 8 Denton Wolfcamp State Mexico Location 967 Feet From The North Line and 990 Feet From The West Unit Letter Range 37E NMPM. County Township 15S 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 Cil 💃 or Condensate 3411 Knoxville Ave., Lubbock, Texas 79413
Address (Give address to which approved copy of this form is to be sent) Amoco Pipeline Company Name of Authorized Transporter of Casinghedd Gas X or Dry Gas Tipperary Resources Corporation 500 W. Illinois, Midland, Texas 79701 Unit If well produces oil or liquids, 2 15S 37E <u>B</u> Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen Same Resty. Diff. Resty Workever Plug Back Gas Well New Well Oll Well Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Total Depth Name of Producing Formation Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET HOLE SIZE CASING & TUBING SIZE 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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Cil Run To Tanks Date of Test Choke Size Tubing Pressure Casing Pressure Length of Test Gas - MCF Water - Bbls. Oil-Bbls. Actual Prod. During Test **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test - MCF/D Choke Size Cosing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION APPRQVED

## VI. CERTIFICATE OF COMPLIANCE

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.

P. L. Nunley (Signature)

District Production Manager

(Title)

June 29, 1970

BY

SUPERVISOR DISTRICT TITKE .

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, ell name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply