Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico En , Minerals and Natural Resources Departmen

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 874	IIIO DECLIEST FOR ALLOW	ADIT AND AUTHORIS		
I.		VABLE AND AUTHORIZA OIL AND NATURAL GAS	TION	
Operator	10 HANGEONI	OIL AND NATURAL GAS	Well API No.	
Tipperary Oil and Gas Corporation		3002507997		
800 N. Marienfe	ld, Suite 100, Midla	nd, Tx 79701		
Reason(s) for Filing (Check proper be	ox)	Other (Please explain)		
New Well	Change in Transporter of:	7		
Recompletion	Oil Dry Gas Casinghead Gas Condensate			
If change of operator give name			rienfeld, Suite 100,Midlan	
II. DESCRIPTION OF WE			Tx 797	
Lease Name	Well No. Pool Name, Inc	luding Formation	Kind of Lease Lease No.	
New Mexico "B"	4 Mescal	ero San Andres	Kind of Lease State Federal or Fee N m -1182	
Unit LetterG	: 1980 Feet From The	North Line and 1995	Feet From TheEast Line	
Section 27 Tow	nship 10S Range 32	E hreme		
	, , , , , , , , , , , , , , , , , , ,	, INMPM,	LEA County	
III. DESIGNATION OF TR Name of Authorized Transporter of O	ANSPORTER OF OIL AND NA	TURAL GAS		
	Δ)	Address (Give address to which of P.O. Box 4648	approved copy of this form is to be sent) Houston, Texas 77210-4648	
Scurlock Permian Name of Authorized Transporter of C	asinghead Gas [X] or Dry Gas			
Warren Petroleum		P.O. Box 1589 T	approved copy of this form is to be sent) ulsa, OK 74102-1589	
If well produces oil or liquids, give location of tanks.	$A = 27 10S _{32}$	ge. is gas actually connected?	When 7 1-13-77	
If this production is commingled with tIV. COMPLETION DATA	that from any other lease or pool, give comm	ingling order number:		
Designate Type of Completi	Oil Well Gas Well	New Well Workover I	Deepen Plug Back Same Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	- I I Kesv	
	San Comp. Ready to Fied.	rocal Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TURING CASING AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DESTRUCT		
		DEPTH SET	SACKS CEMENT	
· · · · · · · · · · · · · · · · · · ·				
V. TEST DATA AND REQU	EST FOR ALLOWABLE			
OIL WELL (Test must be after	er recovery of total volume of load oil and m	usi be equal to or exceed top allowable	e for this danth on h. C. C. U.S. I	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump,	e for inis depin or be for full 24 hours.) as lift, etc.)	
Length of Test	Tubics Posses			
	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF	
GAS WELL				
Actual Prod. Test - MCF/D				
The state of the s	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
I. OPERATOR CERTIFI	CATE OF COMPLIANCE			
Division have been complied with a	gulations of the Oil Conservation	OIL CONSE	RVATION DIVISION	
is true and complete to the best of my knowledge and belief.		Dota Assess	Data Approved	
22/1/11/1		Date Approved _	IAN 1 8 sons	
Signature Cook		By	JAN 1 8 1994	
Michelle Cook Production Cl.		By ORIGINAL SI	GNED BY 1850V PPOS	
Printed Name Title			DISTRICT I SUPERVISED	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

<u>(915)683-5203</u>

Telephone No.

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.