

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Tipperary Oil and Gas Corporation

Well API No.
3002521361

Address
800 N. Marienfeld, Suite 100, Midland, Tx 79701

Reason(s) for Filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Operator ☒

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

☐ Other (Please explain)

If change of operator give name and address of previous operator
Tipperary Petroleum Company 800 N. Marienfeld, Suite 100, Midland Tx 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name
New Mexico "B"

Well No.
8

Pool Name, Including Formation
Mescalero San Andres

Kind of Lease
State, Federal or Fee

Lease No.
NM-1182

Location
Unit Letter B : 660 Feet From The North Line and 1650 Feet From The East Line
Section 27 Township 10S Range 32E, NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Scurlock Permian Corp.

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 4648 Houston, Texas 77210-4648

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Warren Petroleum Company

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1589 Tulsa, OK 74102-1589

If well produces oil or liquids, give location of tanks.

Unit A Sec. 27 Twp. 10S Rge. 32E

Is gas actually connected? YES When? 3-8-66

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

IV. COMPLETION DATA

Designate Type of Completion - (X)

Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v ☐ Diff Res'v ☐

Date Spudded

Date Compl. Ready to Prod.

Total 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

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Tank

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/MMCF

Gravity of Condensate

Testing Method (pilot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature
Michelle Cook

Printed Name
Michelle Cook Production Clerk

Date
1/11/94

Title
(915) 683-5203

Telephone No.

OIL CONSERVATION DIVISION

JAN 18 1994

Date Approved

By
ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT II SUPERVISOR

Title

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

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

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.