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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and
Effective 1-1-65

I.

Operator Tipperary Petroleum Company	
Address P. O. Box 3179, Midland, TX 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	To cancel commingling order PC-444 effective 10-1-88
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

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 <u>B</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u>				
Line of Section <u>27</u> Township <u>10S</u> Range <u>32E</u> , NMPM, <u>Lea</u> Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter Permian	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77251-1183			
Name of Authorized Transporter of Casinghead Gas <u>XX</u> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, OK 74102			
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>27</u>	Twp. <u>10S</u>	Rge. <u>32E</u>
				Is gas actually connected? <u>Yes</u> When <u>3-8-66</u>

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
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 all able 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/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Gloria Hardisty
(Signature)
Production Clerk
(Title)
10-10-88
(Date)

OIL CONSERVATION COMMISSION

APPROVED 10-12-1988, 19
ORIGINAL SIGNED BY JERRY SEATON
BY 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 deviate 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 multiple.