	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE			ON	Form C - 104
	SANTAFE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C- FILE AND Effective 1-1-65 U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I RANSPORTER OIL GAS OPERATOR				
۱.	PRORATION OFFICE				
	Tipperary Petroleum Company Address P. O. Box 3179, Midland, TX 79702				
	P. O. Box 3179, Midland Reason(s) for filing (Check proper box	Other (Please exp	Other (Please explain)		
	New Well Recompletion Change in Concership		Operator change eff. 12-1-87 Transporter of Crude change eff. 12-4-87		
	If change of ownership give name Mobil Producing Texas & New Mexico Inc.				
11.	DESCRIPTION OF WELL AND	LEASE			
	Lease Name New Mexico "B"	Well No. Pool Name, Including F 8 Mescalero Sai		nd of Lease te, Federal or Fee	State NM-1182
	Location				<u> </u>
	Unit LetterB;660 Feet From The North Line and 1650 Feet From The East				
	Line c. Section 27 To	wnship 105 Range	32Е , ммрм,	Lea	County
11.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA			
	The Permian G orporati on		Address (Give address to which approved copy of P. O. Box 1183, Houston, TX		77251-1183
	Name of Authorized Transporter of Casinghead Gas Z or Dry Gas Warren Petroleum Company		Address (Give address to which approved copy of this form is to be sent)		
	If well produces oil or liquids, Unit Sec. Twp. Ege. I		Box 1589, Tulsa, OK 74102 Is gas actually connected? When Yes 3-8-66		
	give location of tanks.	A 27 10S 32E		t	
IV.	COMPLETION DATA	Oil Well Gas Well	· · · · · · · · · · · · · · · · · · ·	Deepen Plug I	-444 Back Sume Resty, Diff. Resty,
	Designate Type of Completio			i i	Suck Sume Res-V, Diff. Res-V.
	Date Spudded	Date Compl. Ready to Prod.	Tota. Depth	P.B.1	.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oli/Gas Pay	Tubin	g Depth
	Periorations		1	Depth	Casing Shoe
	TUBING, CASING, AND CE		CEMENTING RECORD	EMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT
			· · · · · · · · · · · · · · · · · · ·		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-				
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pu	mp, gas lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke	Size
	Actual Prod. During Test	Cii-Bble.	Water - Bbls.	Gas-!	MCF
			<u> </u>		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravit	y of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)) Choke	Size
71 .	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED NFC 1 13 1987 . 19		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BYORIGINAL SIGNED BY JERRY SEXTON		
	0		TITLE DISTRICT I SUPERVISOR		
	47 . 11. 0		This form is to be filed in compliance with RULE 1104.		
	Arad. Clerk 12-7-87		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.		
	Arad. Clerk 12-7-87 (Title)		All sections of this form must be filled out completely for allow-		