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| DISTRICT I P.O. Box 1980, Hobbs, NM 88240 | | Energy, Minerals and Natural Resources Department | | Form C-104 Revised 1-1-89 See Instructions at Bottom of Page | |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | | OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088 | | | |
| DISTRICT III 600 Rio Brazos Rd, Aztec, NM 87410 | | | | | |
| REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | |
| Operator Tipperary Oil and Gas Corporation | | | | Well API No. 3002521650 | |
| Address 800 N. Marienfeld, Suite 100, Midland, Tx 79701 | | | | | |
| Reason(s) for Filing (Check proper box) | | | | | |
| New Well <input type="checkbox"/> | | <input type="checkbox"/> Other (Please explain) | | | |
| Recompletion <input type="checkbox"/> | | Change in Transporter of: | | | |
| Change in Operator <input checked="" type="checkbox"/> | | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | | | |
| Change of operator give name and address of previous operator | | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | | | |
| Tipperary Petroleum Company 800 N. Marienfeld, Suite 100, Midland Tx 79701 | | | | | |
| I. DESCRIPTION OF WELL AND LEASE | | | | | |
| Lease Name STATE "BB" 15042 | | Well No. 3 | Pool Name, Including Formation Mescalero San Andres | Kind of Lease State, Federal or Fee | Lease No. OG-93 |
| Location | | | | | |
| Unit Letter G : 2310 Feet From The East Line and 1980 Feet From The North Line | | | | | |
| Section 14 Township 10S Range 32E, NMPM, LEA County | | | | | |
| II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | |
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Permian Corporation | | 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 | | | |
| Well produces oil or liquids, or location of tanks. | | Unit B | Sec. 14 | Twp. 10S | Rge. 32E |
| This production is commingled with that from any other lease or pool, give commingling order number: | | Is gas actually connected? YES | | When? 3/9/66 | |
| III. COMPLETION DATA | | | | | |
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover |
| Staggered | | | | | |
| Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | |
| Deviations (DF, RKB, RT, GR, etc.) | | Name of Producing Formation | | Top Oil/Gas Pay | |
| Tubing Depth | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | SACKS CEMENT | |
| | | | | | |
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| IV. 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 | | |
| Casing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | |
| V. 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 | | | | | |
| Title 1/11/94 (915) 683-5203 | | | | | |
| Date Telephone No. | | | | | |
| OIL CONSERVATION DIVISION | | | | | |
| Date Approved JAN 18 1994 | | | | | |
| By ORIGINAL SIGNED BY JERRY SEXTON | | | | | |
| DISTRICT I 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.