

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Well API No.
3002500036

☐ **Very Well** ☐ **Other (Please explain)**

change of operator give name
and address of previous operator

Tipperary Petroleum Company 800 N. Marienfeld, Suite 100, Midland
TX 79701

I. DESCRIPTION OF WELL AND LEASE

Lease Name New Mexico "B"	Well No. 2	Pool Name, including Formation Mescalero Permo Penn	Kind of Lease <u>State</u> , Federal or Fee	Lease No. E-1311
Location Unit Letter <u>A</u> : <u>331</u> Feet From The <u>North</u> Line and <u>994</u> Feet From The <u>East</u> Line Section <u>27</u> Township <u>10S</u> Range <u>32E</u> , NMPM, LEA County				

1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Scurlock Permian Corporation					P.O. Box 4648 Houston, Tx 77210-4648	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum Company					P.O. Box 1589 Tulsa, OK 74102-1589	
Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	F	27	10S	32E	Yes	3-8-66

4. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
is Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
ations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
ifications						Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

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HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FOR ALLOWABLE			

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TESTING REQUEST FOR ALLOWABLE		
(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.)		
Site	Date of Test	Test Results
First New Oil Run To Tank		

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

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (<i>pilot, back pr.</i>)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
5. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the information furnished on this report is a true and accurate representation of the facts as known by me, the undersigned, and that I am not aware of any untrue or misleading information contained herein.			

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
Michelle Cook Production Clerk

Printed Name _____ Title _____
Date 1/11/94 (915) 683-5203

Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved JAN 18 1994

By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT 1 SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
1) Request for allowable for new/different

- 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.