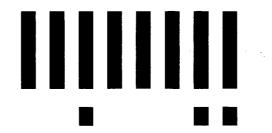
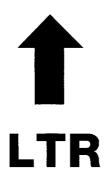
NO. OF COPIES REC	İ		
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U.S.G. <b>S.</b>			
LAND OFFICE			
IRANSPORTER	OIL		
INANSFORIER	GAS		
OPERATOR			
PROBATION OFFICE			_

## NEW MEXICO OIL CONSERVATION COMMIS N

Form C-104

FILE U.S.G.S.	1	FOR ALLOWABLE	Superardes Old C-104 and C-11
	AUTHODIZATION TO TO	AND NSPORT OIL AND NATURAL (	Effective 1-1-65
LAND OFFICE	AOTHORIZATION TO TRA	MOFORT OIL MID NATURAL I	3A <b>3</b>
TRANSPORTER OIL			·•
OPERATOR GAS	1		
PRORATION OFFICE			
Rial Oil Company			
Address			
P. O. Drawer 3068,			
Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Please explain)	
Recompletion	Oil X Dry Ga	effective as o	f 7/1/79 @ 7:00 a.m.
Change in Ownership	Casinghead Gas Conder	nsate	
If change of ownership give name			
and address of previous owner			· · · · · · · · · · · · · · · · · · ·
. DESCRIPTION OF WELL AND	LEASE   Well No.; Pool Name, Including Fo	ormation   Kind of Leas	e Lease No.
New Mexico-State	1 West Tres Papa		
Location			
Unit Letter A ; 56	O Feet From The north Lin	se and 560 Feet From	The <u>east</u>
Line of Section 31 Tox	waship 145 Range	34E , NMPM,	Lea County
Name of Authorized Transporter of Oil	FER OF OIL AND NATURAL GA  X  or Condensate	S Address (Give address to which appro	ved copy of this form is to be sent)
The Permian Corporation		P. O. Box 1183, Housto	
Name of Authorized Transporter of Cas		Address (Give address to which appro	
Tipperary Oil & Gas Cor	poration Unit Sec. Twp. Rge.	500 West Illinois, Mid	
If well produces oil or liquids, give location of tanks.	A 31 14S 34E	yes	
	th that from any other lease or pool,	give commingling order number:	
. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.
Designate Type of Completic	on – (X)		
Date Spuddod	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
. TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ft, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Length of 1921			
Actual Prod. During Test	Oil-Bhis.	Water-Bbls.	Gas-MOF
	<u> </u>	<u> </u>	
GAS WELL			
GAS WELL Actual Prod. Tabl-MCF/D	Length of Tost	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Pred. Teel-MCF/D		Bbls. Condensate/MMCF  Casing Pressure (Shut-in)	Chore Size
	Length of Test  Tubing Pressure (Shut-in)		
Actual Pred. Teel-MCF/D	Tubing Procesure (Shut-in)	Casing Pressure (Shut-in)	Chore Size
Actual Prod. Tabl-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANCE	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choxe Size
Actual Prod. Tabl-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and a commission have been complied were complied to the complete of the	Tubing Pressure (Shut-in)  CE  regulations of the Oil Convervation with and that the information given	OIL CONSERVA APPROVED	Choxe Size
Actual Prod. Tabl-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANCE  L hereby certify that the rules and re-	Tubing Pressure (Shut-in)  CE  regulations of the Oil Convervation with and that the information given	OIL CONSERVA APPROVED  Orig. Signed Jerry Sexton	Chore Size  ATION COMMISSION  19  by
Actual Prod. Tabl-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and a commission have been complied were complied to the complete of the	Tubing Pressure (Shut-in)  CE  regulations of the Oil Convervation with and that the information given	OIL CONSERVA  APPROVED  BY Orig. Signed  Jerry Sexton  TITLE Dist 1, Supv.	Chore Size  CTION COMMISSION  19  by
Actual Prod. Tabl-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and a commission have been complied were complied to the complete of the	Tubing Pressure (Shut-in)  CE  regulations of the Oil Convervation with and that the information given	OIL CONSERVA  APPROVED  BY Orig. Signed  Jerry Sexton  TITLE Dist 1, Supv.  This form is to be filed in a	Chore Size  CTION COMMISSION  19  by  compliance with RULE 1104.
Testing Method (pitot, back pr.)  CERMFICATE OF COMPLIANCE  I hereby certify that the rules and a Commission have been complied we above is true and complete to the	Tubing Pressure (Shut-in)  CE  regulations of the Oil Convervation with and that the information given	OIL CONSERVA  APPROVED  BY Orig. Signed  Jerry Sexton  TITLE Dist 1. Supv.  This form is to be filed in a request for allow well, this form must be account.	compliance with RULE 1104.
Actual Prod. Table-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and a Commission have been complied washove is true and complete to the (Signa W. Glenn Burton -	Tubing Pressure (Shut-in)  CE regulations of the Oil Conservation with and that the information given best of my knowledge and belief,  cature)  Comptroller	OIL CONSERVA  APPROVED  BY Orig. Signed  Jerry Sexton  TITLE Dist 1, Supv.  This form is to be filed in a lift this is a request for allowwell, this form must be accompated to taken on the well in accompanies.  All sections of this form must	compliance with RULE 1104.  rable for a newly dilled or despendented by a tabulation of the deviation dence with RULE 111.  the filled out completely for allow-
Actual Prod. Tabl-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and a Commission have been complied we above is true and complete to the	Tubing Pressure (Shut-in)  CE regulations of the Oil Conservation with and that the information given best of my knowledge and belief,  caure)  Comptroller	OIL CONSERVA  APPROVED  BY Orig. Signed  Jerry Sexton  TITLE Dist 1, Supv.  This form is to be filed in a sequent for allow well, this form must be accompated to taken on the well in accompanies.  All sections of this form must be on new and accompleted we able on new and accompleted we able on new and accompleted we	compliance with RULE 1104.  rable for a newly dilled or despendented by a tabulation of the deviation dence with RULE 111.  the filled out completely for allow-







**Job separation sheet** 

NO. OF COPIES RECE	.1480 I		
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LAND OFFICE			
	OIL		
TRANSPORTER	GAS		
OPERATOR			
PRORATION OF	ICE		
Operator			
R:	ial O	il (	Com
Address			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

FILE				4	AND		
U.S.G.S.				AUTHORIZATION TO TRAN	ISPORT OIL AND I	NATURAL GA	AS
LAND OFFICE	r			4			
TRANSPORTER	OIL GAS						
OPERATOR	h			1			
PRORATION OF	FICE						
Operator	:-1 0:	: 1 6					
Address	ial Oi	TT (	OIII	pany			
				3068, Midland, Texas	79702	<del></del>	
Reason(s) for filing	(Check p	roper	box		Other (Please	•	
New Woll	H			Change in Transporter of: Oil Dry Gas	1 1 1	e of Opera K. K. Amin	_
Recompletion	H			Casinghead Gas Condens	F5	V. IV. PRILLI	1
Oper				-			
if change of orthonia	κέχο σίνι	e nan War_	ne	K. K. Amini, P. O. Di	rawer 3068, Mic	lland, Tex	as 79702
	Ope	erat					·
DESCRIPTION C	F WEL	LA	NU	Well No. Pool Name, Including For	rmation	Kind of Lease	Lease No.
New Mexico-	State			1 West Tres Papa	lotes Penn	State, Federal	or Fee State K-2043
Location					500		Fact
Unit Letter	<u>A</u>	. <b>;</b>	56	O Feet From The North Line	and 560	Feet From T	he East
Line of Section	31		То	waship 14S Range	34E , NMPM	1,	Lea County
					~		•
DESIGNATION C	F TRA	NSP	OR ( Ot)	TER OF OIL AND NATURAL GAS	Address (Give address	to which approv	ed copy of this form is to be sent)
Amoco Produ					P. O. Box 59	l, Tulsa,	Oklahoma 74102
Name of Authorized	Transpo	rter o	í Ca	isinghead Gas X or Dry Gas	Address (Give address	to which approv	ed copy of this form is to be sent)
Tipperary O	il & (	Gas	Co	rporation			dland, Texas 79701
If well produces oil	or liquid	ls,		Unit Sec. Twp. Rge.  A 31 14S 34E	Is gas actually connect YES	lear I when	
give location of tan			4	ith that from any other lease or pool, g		r number:	فاستون مواد و
If this production if COMPLETION D	S COMMI	ingie	a wı				Plug Back   Same Res'v. Diff. Res
Designate Ty		omp	leti		New Well Workover	Deepen	Plug Back   Same Res'v. Diff. Res'
	pc or o			Date Compl. Ready to Prod.	Total Depth	i	P.B.T.D.
Date Spuddod				Date Compilitional to 1100	•		
Elevations (DF, RK	B, RT, C	GR, e	tc.j	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth
							Depth Casing Shoe
Perforations					• '		
				TUBING, CASING, AND	CEMENTING RECO	RD	
HOLE	SIZE			CASING & TUBING SIZE	DEPTH S		SACKS CEMENT
TEST DATA AN	n reo	UES	TF	FOR ALLOWABLE (Test must be of this des	ter recovery of total vol	ume of load oil	and must be equal to or exceed top all
OIL WELL				able for this dep	pth or be for full 24 hour Producing Method (Flo		i, eic.)
Date First New Oil	Run To	Tank	5	Date of 1 ast	, , , , , , , , , , , , , , , , , , , ,		
Length of Test				Tubing Pressure	Casing Pressure		Choke Size
-					Water-Bbls.		Gas-MCF
Actual Prod. Durin	g Test			Oil-Bhis.	Actor - Drie.		
GAS WELL					T511 C. I	~	Gravity of Condensate
Actual Prod. Test	MCF/D			Length of Test	Bbis. Condensate/MM	Jr.	Gravity of Condensatio
Testing Method (p	tot, back	pr.)		Tubing Pressure (Shut-in)	Casing Pressure (5hu	t-in)	Choke Size
CERTIFICATE	OF CO	MPL	AAI,	1CE	11		TION COMMISSION
					APPROVED	JCT 13 1	977
es to the towns	L	~=1~1		regulations of the Oil Conservation with and that the information given	į,		
above is true and	d comple	ete t	o th	ne best of my knowledge and belief.	BY	Uria, a	irned by
					TITLE	THE S	58.38
7	_	<del></del>			This form is	to be filed in	Scompliance with RULE 1104.
- Aud			If this is a re	quest for allow	vable for a newly drilled or desper nied by a tabulation of the deviat		
(Signature)			ll tents taken on the	; well in accor	Manco with NULE III.		
	Co	mpt		ller ((le)	anoitoss IIA	of this form mu	at be filled out completely for allo
		9/	' <i>1</i> '1/'		EDITE - LA COLU	Cartlena T II	r tit and VI for changen of own
				Out4)	well name or numb	er, or transport	ter, or other such change of coaditi