## UIL CONSERVATION COMMISSION Form C-104 SANTA FE REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator MEWBOURNE OIL COMPANY Address 75702 330 Citizens Bank Building, Tyler, Texas Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Change in name of Operator only from Mark Production Company Recompletion Oil Dry Gas Change in Ownership effective Casinghead Gas MAY 1, 1977 If change of ownership give name and address of previous owner \_\_\_\_ Change in operating name only (same ownership). II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease 1 Tres Papalotes Permo-Penn State, Federal or Fee Shell-State State Location 560 South Line and \_ 560 East Unit Letter Feet From The Feet From The 30 14 S 34 E , NMPM, Township Range Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Amoco Pipeline Company Name of Authorized Transporter of Casinghead Gas x or Dry Gas 3411 Knoxville Avenue, Lubbock, Texas 79. Address (Give address to which approved copy of this form is to be sent) Tipperary Land & Exploration Corp. 229 Western United Life Bldg., Midland, TX Unit Sec. P.ge. Is gas actually connected? When If well produces oil or liquids, give location of tanks. P 14 S 34 E Yes 30 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen Oil Well Gas Well New Well Workover Plug Back | Same Restv. Diff. Restv. Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Cil/Gas Pay Tubing Depth Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Tubing Pressure Casing Pressure Choke Size Length of Test Oil-Bbls. Water - Bbls. Ggs - MCF Actual Prod. During Test **GAS WELL** Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Length of Test

Lease No. K-3028 County

79413

79701

Gravity of Condensate Cosing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION I. CERTIFICATE OF COMPLIANCE

APPROVED.

BY\_

TITLE \_

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.

| $\mathcal{A}$ . $\mathcal{A}$ |  |
|-------------------------------|--|
| Marjorie Osto                 |  |
| (Signature)                   |  |
| Production Clerk              |  |
| (Title)                       |  |
| April 15, 1977                |  |

(Date)

This form is to be filed in compliance with RULE 1104.

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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.

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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, il name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

HOBL., II. M.