40. BF COPIES HEC	*1460	 •
DISTRIBUTION		
SANTA FE		
FILE		
U.\$.G.\$.		_
LAND OFFICE		
[RANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

	DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form C -104			
	SANTA FE	1	FOR ALLOWABLE	Supersedes Old C-104 and C-11			
	FILE]	AND	Effective 1-1-65			
			_	- · ·			
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL (GAS			
	LAND OFFICE						
	TRANSPORTER GAS						
	OPERATOR]					
1.	PRORATION OFFICE	<u> </u>					
	Operator Adobo Oil & Cae Corpor	ation					
	Address						
		fe Bldg., Midland, TX	79701				
	Reason(s) for filing (Check proper box) New Well Change in Transporter of: Other (Rease explain) Change in Transporter of: Ef AND AND HAD GAS MUST NOT BE						
	New We!I			7/1/32			
	Recompletion	OII Dry Ga	" H UNLESS AS EXC	EPTION TO RACTO			
	Change in Ow .ership	Casinghead Gas X Conder	IS CREAINED.	EL LION TO REALING			
	If change or ownership give name						
	and address of previous owner	(* 7	1-15-5 16-1-8) <			
u.	DESCRIPTION OF WELL AND	LEASE australt	ernation 7711 Kind of Leas				
	Lease Name	Well No. Pool Name, Including F		Lease No. L-6881			
	State "16"	1 Austin, Cisco	(Alphanes) State, Federal	2 331			
	Location	,	990 Feet From 1	The south			
	Unit Letter M; 66	00 Feet From The West Lin	ie and 990 Feet From '	The			
	Line of Section 16 Tox	waship I4—S Range	36-E , _{NМРМ} , Lea	County			
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS				
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro				
	The Permian Corporation	on	P. O. Box 1183, Houston	, TX 77001			
	Name of Authorized Transporter of Cas	singhaad Gas 🐧 or Dry Gas 🗔	Address (Give address to which appro	ved copy of this form is to be sent)			
	Tipperary Oil & Gas Co	orporation	Box 3179, Midland, TX	79702			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually connected? Wh	en			
	give location of tanks.	M 16 14-S 36-E	NO	4-1-85 or earlier			
		th that from any other lease or pool,	give commingling order number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completic	on = (X)		X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	- · · · · · ·	•		11,400			
	2/18/78	1/31/03	13,770 Top Cil/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation					
	3947 Gr	Cisco	11,178	11,288			
	Perforations			Depth Casing Shoe			
	11,178 - 11,199' (10 -			13,770			
		TUBING, CASING, AND	D CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	175	13-3/8	368	450			
	12%	9-5/8	4661	1850			
	83	53	13,770	1600			
		2-3/8	11,288	<u> </u>			
17	TEST DATA AND REQUEST F	OR ALLOWABLE. (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top allow-			
₩.	OIL WELL	able for this de	epth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	iji, eic./			
	1/25/85	2/18/85	Pump 2" X 1½" X 24'				
	Length of Test	Tubing Pressure	Casing Pressure	Chose Size			
	24 hrs	50	32	2"			
	Actual Prod. During Test	Cil-Bbls.	Water-Sbis.	Gam-MCF 54			
		53	58	1 34			
	GAS WELL		Bbis. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test	Suis. Colstonades/MMCF				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size			
			<u> </u>				
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION				
			HARROWS FEB 2	2 1985			
	I hereby certify that the rules and	regulations of the Oil Conservation	AFFROVED	,			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY ORIGINAL SIG	NED BY JERRY SEXTOM			
			DICTRICY : CHRISTIANO				
	4		- 11				
			Il This form is to be filed in	compliance with RULE 1104.			

Lie auens (Signature) Bill Owens

V.P.-Prod. 2/19/85 (Title)

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.

All sections of this form must be filled out completely for allowable on accompleted with

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