

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
S & J Operating Company

Address
P. O. Box 2249, Wichita Falls, TX 76307

Reason(s) for filing (Check proper box)

| | | | |
|------------------------------------------------------------------|-----------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> New Well | Change in Transporter of: | <input type="checkbox"/> Oil | <input type="checkbox"/> Dry Gas |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Casinghead Gas | <input type="checkbox"/> Condensate | |
| <input checked="" type="checkbox"/> Change in Ownership/Operator | | | |

Other (Please explain)

If change of ownership give name and address of previous owner Mobil Producing TX & N.M., Inc.

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------|----------------------------------------|-----------|
| Lease Name <u>Denton North</u> | Well No. <u>5</u> | Pool Name, including Formation <u>Denton Wolfcamp</u> | Kind of Lease State, Federal or Fee | Lease No. |
| <u>Fee</u> | | | | |
| Location | | | | |
| Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> | | | | |
| Line of Section <u>25</u> Township <u>14 S</u> Range <u>37 E</u> , NMPM, <u>Lea</u> County | | | | |

III. 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) |
| <u>Shell Pipeline & Mobil Pipeline</u> | |
| 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) |
| <u>Tipperary Resources Corp. J L Davis</u> | <u>500 West Illinois, Midland, TX 79702</u> |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When |
| Unit <u>J</u> Sec. <u>26</u> Twp. <u>14S</u> Rge. <u>37E</u> | <u>Yes</u> <u>May 1, 1970</u> |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Sandy Robertson
(Signature)
Petroleum Engineer
(Title)
December 5, 1988
(Date)

OIL CONSERVATION DIVISION
DEC 12 1988

APPROVED _____, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 1104.
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 new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well 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.

NOTICE: THESE TO BE FOR THE
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I. Operator
Mobil Producing Texas & New Mexico Inc.

Address
9 Greenway Plaza, Suite 2700, Houston, TX 77046

Reason(s) for filing (Check proper box)

| | | | | |
|---------------------|--------------------------|---------------------------|--------------------------|-----------------------------------------------------|
| New Well | <input type="checkbox"/> | Change in Transporter of: | | Other (Please explain) |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> | To change Operator name from Mobil Oil Corporation. |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> | (Effective Date: 1-1-1980) |
| | | Dry Gas | <input type="checkbox"/> | |
| | | Condensate | <input type="checkbox"/> | |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | | | | | | |
|---------------------------------------------------------------------------|-----------------------------------------|----------|---|--------------------------------|-----------------|---------------|-----------------------|-----|-----------|
| Lease Name | Denton North Wolfcamp Unit Tract #12 | Well No. | 5 | Pool Name, Including Formation | Denton Wolfcamp | Kind of Lease | State, Federal or Fee | Fee | Lease No. |
| Location | | | | | | | | | |
| Unit Letter K ; 1650 Feet From The South Line and 1650 Feet From The West | | | | | | | | | |
| Line of Section 25 Township 14-S Range 37-E, NMPM, Lea County | | | | | | | | | |

III. 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) | | | | | |
| See attachment | | | | | | |
| 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) | | | | | |
| Tipperary Resources Corp | 500 West Illinois, Midland, TX 79701 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit J | Sec. 26 | Twp. 14-S | Rge. 37-E | Is gas actually connected? | When |
| | | | | | Yes | May 1, 1970 |

If this production is commingling with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| | | | | | | | | |
|--------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded | 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 | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

V. 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 Tanks | 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 |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |

VI. CERTIFICATE OF COMPLIANCE

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.

Bucky Dwyer
(Signature)
Authorized Agent
(Title)
October 31, 1979
(Date)

OIL CONSERVATION COMMISSION
APPROVED DEC 3 1979, 19
BY Jerry Sexton
TITLE Dist 1, Supv.

This form is to be filed in compliance with RULE 1104.
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Separate Forms C-104 must be filed for each pool in multiply