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OPERATOR		Ī	

Supersedes Old C-104 and C-110

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PRORATION OFFICE Operato Mobil Producing Texas & New Mexico Inc. Address 9 Greenway Plaza, Suite 2700, Houston, TX 77046 Other (Please explain) Reason(s) for filing (Check proper box) New Well Change in Transporter of: To change Operator name from Mobil Oil Oil Dry Gas Recompletion Corporation. Change in Ownership Casinghead Gas Condensate (Effective Date: 1-1-1980) If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation Kind of Lease Legse No. Legse Name Denton North State, Federal or Fee Denton Wolfcamp Wolfcamp Unit Tract 14 990 990 Feet From The North Line and West Feet From The Unit Letter 26 Township 14-S Range 37-E , NMPM, County Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Otl XX See attachment Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas 🔀 or Dry Gas 🗔 500 West Illinois, Midland, TX 79701 Tipperary Resources Corp Twp. P.ge. Unit Sec. is gas actually connected? If well produces oil or liquids, Yes 26 14-S : 37-E May 1, 1970 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Resty. Diff. Resty. Gas Well Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE (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 Teet Choke Size Tubing Pressure Casing Pressure Length of Test Water - Bbis. Oil - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Length of Test Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE WE APPROVED. I hereby certify that the rules and regulations of the Oil Conservation Orig. Signed 15 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. BY. erry Sexton Dist 1. Supr. TITLE . 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. (Signature) <u>Authorized Agent</u>

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All sections of this form must be filled out completely for allow-able 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

RECEIVED

OCT 21 1913

O.G.D., MUBBI, OFFICE