| | EIVED | 1 | |
|------------------|-------|---|--|
| DISTRIBUTION | | | |
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| IRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| BRODATION OFFICE | | 1 | |

| | SANTA FE | REQUEST | FOR ALLOWABLE | Supersedes Old C-104 and C-11 | | | | | | | |
|--------------------------------------|--|---|---|---|--|--|--------------|-----|---|---------------------------------|--|
| | FILE U.S.G.S. | AUTHORIZATION TO TRA | Effective 1-1-65 | | | | | | | | |
| | LAND OFFICE | ASTRONIZATION TO TRA | AND NATURAL I | 343 | | | | | | | |
| | TRANSPORTER GAS | | | | | | | | | | |
| | OPERATOR | 1 | | | | | | | | | |
| 1. | PRORATION OFFICE Operator | | | | | | | | | | |
| | Mobil Oil Corporation | | | | | | | | | | |
| | P. O. Box 633, Midland | d, Texas 79701 | | | | | | | | | |
| | Reason(s) for filing (Check proper box | | Other (Please explain) | | | | | | | | |
| | New Well | Change in Transporter of: | | | | | | | | | |
| | Recompletion Change in Ownership | Oil Dry Ga Casinghead Gas X Conder | ⊢ ≒! | | | | | | | | |
| | If change of ownership give name and address of previous owner | | | | | | | | | | |
| 11 | DESCRIPTION OF WELL AND | I FASE | | | | | | | | | |
| | Legenton North Wolfcamp Unit Tr. 14 | Well No. Pool Name, Including F 7 Denton Wolfcal | | | | | | | | | |
| | Location | Person worred | | | | | | | | | |
| | Unit Letter D : 990 | O Feet From The North Lin | ne and 990 Feet From | The West | | | | | | | |
| | Line of Section 26 Tov | waship 14-S Range | 37-E , ммрм, Lea | County | | | | | | | |
| III. | DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL GA | | | | | | | | | |
| | Name of Authorized Transporter of Oil | or Condensate | Address (Give address to which appro | ved copy of this form is to be sent) | | | | | | | |
| | * See Attachment Name of Authorized Transporter of Cas | singhead Gas Vi or Dry Gas | Address (Give address to which appro | ved copy of this form is to be sent) | | | | | | | |
| | Tipperary Resources Co | | 500 West Illinois, Mid | | | | | | | | |
| | If well produces oil or liquids, | Unit Sec. Twp. P.ge. | Is gas actually connected? Wh | | | | | | | | |
| | give location of tanks. | J 26 14-S 37-E | Yes M. | ay 1, 1970 | | | | | | | |
| IV. | If this production is commingled wit COMPLETION DATA | th that from any other lease or pool, | give commingling order number: New Weil Workover Deepen | Plug Back Same Res'v. Diff. Res'v. | | | | | | | |
| | Designate Type of Completic | | | | | | | | | | |
| | 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 | | | | | | | |
| | | | | | | | | | | | |
| | 101 5 6175 | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | OEF IN SET | SACIO CEMENT | | | | | | | |
| | | | | | | | | | | | |
| | | | | <u> </u> | | | | | | | |
| v. | TEST DATA AND REQUEST FO | OR ALLOWABLE (Test must be a | fter recovery of total volume of load oil | and must be equal to or exceed top allow- | | | | | | | |
| | OIL WELL Date First New Oil Run To Tanks | L able for this depth or be for full 24 hours) | | | | | | | | | |
| | | | | | | | | | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | | | | | | |
| | Actual Prod. During Test | Oil-Bbls. | Water - Bbls. | Gas-MCF | | | | | | | |
| | | | <u> </u> | <u></u> | | | | | | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate | | | | | | | |
| | | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | | | | | | |
| | Testing Method (pitot, back pr.) | Tabing Piessare (Since-In) | County 1 100000 (Date 12) | V | | | | | | | |
| UTAN S | | | 2 2 197 19 | | | | | | | | |
| | 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. | | BY TITLE TITLE | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| (Signature) Authorized Agent (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. All sections of this form must be filled out completely for allowable on new and recompleted wells. | | | | | | | | |
| | | | | | | | May 15, 1970 | - | 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. | | |
| | | | | | | | | ue) | | | |
| | | | | | | | | | Separate Forms C-104 mus | at the ter team provide manager | |

RECEIVED

JUN 18 1970 OIL CONSERVATION COMM. HOBBS, N. M.

* NAME OF AUTHORIZED TRANSPORTER OF OIL:

Shell Pipe Line Corporation Mobil Pipe Line Company Amoco Pipeline Company Box 1910, Midland, Texas 79701 Box 900, Dallas, Texas P. O. Box 1979, Tulsa, Oklahoma