O. O. COPIES RECEIVED				
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.		<u> </u>		
LAND OFFICE		<u> </u>		
TRANSPORTER	OIL			
	GAS			
OPERATOR				

<u> </u>	DISTRIBUTION SANTA FE	}	ONSERVATION COMMISSIC FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
ļ	U.S.G.S.	AUTHORIZATION TO TRA	TON TO TRANSPORT OIL AND NATURAL GAS				
	TRANSPORTER GAS						
_	OPERATOR PROPATION OFFICE		•				
1.	Operator						
	Mobil Oil Corporation  Address						
	P. O. Box 633, Midland, Texas 79701						
	Reason(s) for filing (Check proper box New Well	The state of the s					
	Recompletion	Oil Dry Ga	<b>75</b>				
	If change of ownership give name	Casinghead Gas X Conden	isute				
	and address of previous owner						
II.	DESCRIPTION OF WELL AND DENTON North Wolfcamp			al as Fac			
	Unit Tr. 6	15 Denton Wolfcar	MD State, Feder	Fee			
		80 Feet From The South Lin	ne and 2180 Feet From	The <u>East</u>			
	Line of Section 26 To	wnship 14-5 Range	37-E , NMPM, Lea	County			
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appr	oved copy of this form is to be sent)			
	* See Attachment						
	Name of Authorized Transporter of Ca		Address (Give address to which appr 500 West Illinois. Mid	i			
	Tipperary Resources C	Orporation   Twp.   Rge.	is gas actually connected?	her.			
	give location of tanks.	J 26 14-S 37-E	4	lay 1, 1970			
IV.	COMPLETION DATA	ith that from any other lease or pool, Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'r.   Diff. Res'r.			
	Designate Type of Completi		1	P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	7.577.5			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
		TUBING, CASING, AN	D CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	The same province is	COR ALLOWARIE (Test must be	ofter recovery of total volume of load o	il and must be equal to or exceed top allow-			
V	V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  OIL WELL  Order of Test  Order of Test						
	Date First New Oil Run To Tanks	Date of Test					
	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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	OIL CONSERVATION COMMISSION						
VI. CERTIFICATE OF COMPLIANCE			111N 2 9 1970 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.  (Signature)		BY SUPERVISOR DISTINC				
			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.			
			well, this form must be accome				
Aulthorized Agent			- II Attaching of this form	wilet pe illied off combiginal to: prior.			

(Title)

(Date)

May 15, 1970

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.

## RECEIVED

JUN 18 1970 OIL CONSERVATION CLAIM. HOBBS, N. IN.

## \* 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