NO. OF COPIES REC	EIVED	1	
DISTRIBUTE		_	
SANTA FE			_
FILE		_	
U.S.G.S.		_	
LAND OFFICE			
TRANSPORTER	OIL		_
	GAS		
OPERATOR			_

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST FOR ALLOWABLE						Supersedes Old C-104 and C-110 Effective 1-1-65	
	U.S.G.S.	<b>⊣</b> <u>-</u> `		= = =	AND				-1-03
	LAND OFFICE	- AUIF	IORIZATI	ON TO TRA	NSPORT (	OIL AND NA	TURAL G	A5	
	OIL	7							
	TRANSPORTER GAS	7							
	OPERATOR								
1.	PRORATION OFFICE							·	
-	Operator								
	Mobil Producing Texa	is & New M	lexico I	nc.					
	Address	45- 0700		mr. 7-	1016				
	9 Greenway Plaza, St		Housto	n, TX //					
	Reason(s) for filing (Check proper bo		. T	(·	1	ther (Please e	, ,	c	W 1 :1 0:1
	New Well	Oil	in Transport	Dry Ga	. 🗂			or name fro	m Mobil Oil
	Recompletion		nead Gas	Conden	<b>—</b>	Corporat		Damas 1 1	1000)
	Change in Ownership	Custing	1000 000		-u.e	(E1	rective	Date: 1-1-	1980)
	If change of ownership give name								
	and address of previous owner							<del></del>	
11	DESCRIPTION OF WELL AND	LEASE							
	Lease Name Denton North	Well No	Pool Nam	e, including Fo	ormation	K	ind of Lease		Lease No.
	Wolfcamp Unit Tract #6	28	Dent	on Wolfca	ımp	s	tate, Federai	or Fee Fee	
	Location	·							
	Unit Letter I 19	180 Feet F	rom The	South Lin	e and 4	60	Feet From T	heEast	
	,,,,,,								
	Line of Section 26 T	ownship 14	-S	Range	87-E	, NMPM,	Lea		County
III.	DESIGNATION OF TRANSPO	RTER OF OI			S	• • • • • • • • • • • • • • • • • • • •	17.1	1(-1)- (	7
	Name of Authorized Transporter of C	17 🔀 ot	Condensate		Address (G	ive address to	which approv	ed copy of this form	is to be tent)
	See Attachment				1 11111111		17-1	-dd abi- da	77.12 12 12 12 12 1
	Name of Authorized Transporter of C	asinghead Gas	or Dry	/ Gas [				ed copy of this form	· · · · · · · · · · · · · · · · · · ·
	Tipperary Resources Co	rp			·	est Illir		Land, TX 79	/01
	If well produces oil or liquids,		Twp	ı	1 -	· ·			j
	give location of tanks.	<u> </u>		-S : 37-E		<ul><li>tempor</li></ul>		oandoned	J
	If this production is commingled to	ith that from	any other le	ease or pool,	give commi	ngling order n	umber:		·
IV.	COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back   Same	Res'v. Diff. Res'v.
	Designate Type of Complete			1	1	1	<b> </b>	1	F I
	Date Spudded		Ready to Pt	od.	Total Dept	<u>.</u>		P.B.T.D.	
	Date Spudded	Date Compr	, , , , , , , , , , , , , , , , , , , ,						
	Elevations (DF, RKB, RT, GR, etc.,	Name of Pro	ducing Form	ation	Top Oil/Go	ıs Pay	<del></del>	Tubing Depth	
	,,,,,,								
	Perforations							Depth Casing Shoe	
				CEMENTING RECORD					
	HOLE SIZE	CASIN	NG & TUBI	NG SIZE	DEPTH SET		SACKS CEMENT		
					ļ	<del></del>			
					i			<u>i                                     </u>	
V.	TEST DATA AND REQUEST	FOR ALLOW	ABLE (	Test must be a	fter recovery	of total volume full 24 hours)	of load oil i	ind must be equal to	or exceed top allow-
	OIL WELL	Date of Tee		tota for this de		Method (Flow,	pump, eas lif	t. etc.)	<del></del>
	Date First New Oil Run To Tanks	Date of 1 ee	16		Froudening		<b>,,</b>	.,,	
	Length of Test	Tubing Pres	iawo		Casing Pre	esure		Choke Size	
	Length of lest								
	Actual Prod. During Test	Oil - Bbls.			Water - Bbl			Gae-MCF	
	Acted Fiber Burney 1991								
					<del></del>				
	GAS WELL								
	Actual Prod. Test-MCF/D		Bbls. Condensate/MMCF			Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pres	sews (Shut-	-in )	Casing Pre	ssure (Shut-	(m)	Choke Size	
								<u></u>	
VI.	CERTIFICATE OF COMPLIANCE					OIL C	ONSERVA	TION COMMIS	SION
• • • •					ļ		• "		40
	I hereby certify that the rules an	d regulations	of the Oil (	Conservation		VED			
	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.				Orig. Signed by				
					Jerry Sexton				
	Authorized Agent			TITLE Dist 1. Supv.					
				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.					
	(Title)								
	October 31, 1979								
	(Date)					li well name or number, or transporter, or other such change of conditions			
		Separate Forms C-104 must be filed for each pool in multiply							

OCT 20 1979
O.C.D. HOBBS, OFFICE

THE PERSON OF TH

## NAME OF AUTHORIZED TRANSPORTER OF OIL:

Shell Pipe Line Corporation Mobil Pipe Line Company Amoco Pipeline Company Box 2648, Houston Texas 77001 Box 900, Dallas Texas 75221 2300 Continental Natl. Bank Bldg., Fort Worth, Texas 76102