HO. OF COPIES REC	EIVED	l	1
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
TRANSFORTER	GAS		
OPERATOR			
PROBATION OF	ICE	L	
Operator			
Mobil Prod	ucing	Te	xas
Address			
9 Greenway		•	
Reason(s) for filing	Check p	roper	box)
New Well	Ц		
Recompletion			

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	SANTA FE	· ·	REQUEST	FOR ALLO	WABLE	5 .1	Supersedes Old C-104 and C-11	
	FILE U.S.G.S.	<u>-</u>		AND			Effective 1-1-65	
	LAND OFFICE	_ AUTHORIZ	ZATION TO TRA	ANSPORT (OIL AND NAT	URAL G	AS	
	TRANSPORTER OIL							
	GAS							
	OPERATOR	_						
I.	PRORATION OFFICE Operator							
	Mobil Producing Texas & New Mexico Inc.							
	9 Greenway Plaza, Suite 2700, Houston, TX 770							
	Reason(s) for filing (Check proper box				Other (Please explain)			
	New Well Change in Transporter of:			To change Operator name from Mobil Oil				
	Recompletion Change in Ownership	Oil	Dry Go	=	Corporati		_	
	Change in Ownership	Castnghead Go	Conder	isate	(Eff	ective	Date: 1-1-1980)	
	If change of ownership give name and address of previous owner							
	·					*****	······································	
11.	DESCRIPTION OF WELL AND Lease Name Denton North		l Name, Including F	ormation	1015	of Lease		
		7 .	enton Wolfca		1	e, Federal		
	Wolfcamp Unit Tract #	13.1		p			166	
	Unit Letter A ; 99	Feet From Th	North Lin	e and 33	30 _{F.}	et From T	_{he} East	
	Line of Section 27 To	wnship 14-S	Range	37-E	, NMPM,	Lea	1 County	
m	DESIGNATION OF TRANSPOR	TER OF OIL AN	D NATURAL GA	s				
	Name of Authorized Transporter of Oi				ve address to wh	ch approv	ed copy of this form is to be vent)	
	See attachment							
	Name of Authorized Transporter of Ca		or Dry Gas	i			ed copy of this form is to be sent)	
	Tipperary Resources Co	Unit Sec.	Twp. P.ge.		est Illino:	is, Mic	idland, TX 79701	
	If well produces oil or liquids, give location of tanks.	J 26	14-S 37-E	Yes	,	1	 1–30–72	
	If this production is commingled wi	th that from any oti	her lease or pool.	give commin	gling order num		· · · · · · · · · · · · · · · · · · ·	
	COMPLETION DATA							
	Designate Type of Completi	on $-(X)$ Oil We	oll Gas Well	New Well	Workover De	epen	Plug Back Same Restv. Diff. Restv.	
	Date Snudded	Date Compl. Ready	to Prod.	Total Depth	<u> </u>		P.B.T.D.	
		·						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth	
	Perforations						Depth Casing Shoe	
							Septin Custing Shoe	
		TUBI	NG, CASING, AND	CEMENTIN	IG RECORD	1		
	HOLE SIZE		UBING SIZE	1	DEPTH SET		SACKS CEMENT	
					 			
		 		 				
		<u> </u>		 				
v.	TEST DATA AND REQUEST F	OR ALLOWABLE	(Test must be a	iter recovery o	of total volume of	load oil a	nd must be equal to or exceed top allow-	
• •	OIL WELL able for this depth or be for full 24 hours)							
	Date First New Oil Run To Tanks	First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					. 410.)	
	Length of Test	Tubing Pressure		Casing Pressure			Choke Size	
	Actual Prod. During Test	Oil-Bhis.		Water - Bbls.			Gds - MCF	
							<u> </u>	
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test		Bbis. Conde	nsqte/MMCF		Gravity of Condensate	
		<u> </u>						
	Testing Method (pitot, back pr.)	Tubing Pressure (ibut-in)	Casing Pres	eure (Shut-in)		Choke Size	
Į								
VI.	CERTIFICATE OF COMPLIAN	CE		OIL CONSERVATION COMMISSION				
	T hereby consider that the suice and	regulations of the (Dil Conservation	APPROV	ED)rC_	5 19 79	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			Orig. Signed by Jerry Sexton					
	above is true and complete to the best of my knowledge and belief. Declar Neural (Signature)			Jerry Sexton				
				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				
(Signature () Authorized Agent (Title)			there taken on the well in accordance with RULE 111.					
			11 411.	All sections of this form must be filled out completely for allowable on new and recompleted wells.				
	October 31, 1979			Fift out only Sections I. II. III. and VI for changes of owner, well name or humber, or transporter, or other such change of condition.				
	(Date)				well name or humber, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply			
				Sepa	rate Forms C-	toe must	ha titad tot ascu boot to mercibia	

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