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| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRORATION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

| | |
|--|---|
| Operator Mobil Oil Corporation | |
| Address Box 633, Midland, Texas 79701 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain) | |
| If change of ownership give name and address of previous owner | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|--|--|-----------|
| Lease Name Denton North Wolfcamp Unit Tr. 13 | Well No. 7 | Pool Name, Including Formation Denton Wolfcamp | Kind of Lease State, Federal or Fee FREE | Lease No. |
| Location | | | | |
| Unit Letter A | 990 | Feet From The North Line and 330 | Feet From The East | |
| Line of Section 27 | Township 14-S | Range 37-E | NMPM, Lea | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|--|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| *See Attachment | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Tipperary Resource Corporation | 500 West Illinois, Midland, Texas 79701 | |
| If well produces oil or liquids, give location of tanks. | Unit T Sec. 26 Twp. 14-S Rge. 37-E | Is gas actually connected? yes When 1-30-72 |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| | | | | | | | | |
|---|---|--------------------------------|-----------------------------------|--------------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | X | | | | | X | | X |
| Date Spudded w/o 1-28-72 | Date Compl. Ready to Prod. 2-5-72 | Total Depth 12614 | P.B.T.D. 11150 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3820 Gr. | Name of Producing Formation Denton Wolfcamp | Top Oil/Gas Pay 9387 | Tubing Depth 9483 | | | | | |
| Perforations 9387-89, 9408-25, 9431-34, 9448-9451 | | | Depth Casing Shoe 12527 | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | | SACKS CEMENT | | | | |
| 17-1/4" | 13-3/8" | 405 | | 475x | | | | |
| 12-1/4" | 7-5/8" | 4750 | | 2142x | | | | |
| 6-3/4" | 5-1/2" | 12527 | | 950x | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

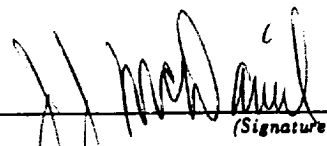
| | | | |
|---|--------------------------------|--|-----------------------------|
| Date First New Oil Run To Tanks 1-30-72 | Date of Test 2-14-72 | Producing Method (Flow, pump, gas lift, etc.) pump | |
| Length of Test 24 hrs | Tubing Pressure -- | Casing Pressure -- | Choke Size 2" Tub |
| Actual Prod. During Test -- | Oil-Bbls. 133 | Water-Bbls. 7BBL | Gas-MCF 35.9 |

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 |

VI. CERTIFICATE OF COMPLIANCE

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.

| |
|---|
|  |
| Authorized Agent |
| (Title) |
| 2-16-72 |
| (Date) |

| | |
|--|---------------------------------------|
| OIL CONSERVATION COMMISSION | |
| FFB 25 1072 | |
| APPROVED | 19 |
| BY | Orig. Signed by John Ranyan |
| TITLE | Geologist |
| 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. | |
| Separate Forms C-104 must be filed for each pool in multiply completed wells. | |

100-8-035
Hobbs, N. M.
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FEB 24 1972

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FEB 16 1972

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