**	SANTA FE FILE		CONSERVATION COME FOR ALLOWABLE AND	IISSION	Form C-104 Supersedes (Effective 1-	Old C-104 and C-110 1-65
1.	U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE					
	Mobil Oil Corporation Address P. O. Box 633, Midland, Texas 79701 Reason(s) for Hing (Check proper box) Other (Please explain)					
	New Well Change in Transporter of: Recompletion Oil Dry Gas J.C. Maxwell Well #7 to Denton North Change in Ownership Casinghead Gas Condensate Wolfcamp Unit Tr./3, Well #7					
11	If change of ownership give name and address of previous owner					
	Lease Name Tr./3 Denton North Wolfcamp Un. Zeron North Wolfcamp Un. Denton Devol				or Fee Fee	Lease No.
	Unit Letter A ; 990 Feet From The North Line and 330 Feet From The East					
III.	Line of Section 27 Township 14-S Range 37-E , NMPM, Lea County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) * See Attachment Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)					
	Tipperary Resource Corporation If well produces oil or liquids, give location of tanks. The produces oil or liquids, give location of tanks. The produces oil or liquids, give location of tanks. The produces oil or liquids, give location of tanks. The produces oil or liquids, give location of tanks. The produces oil or liquids, give location of tanks. The produces oil or liquids, give location of tanks. The produces oil or liquids, give location of tanks.					
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well Workover Deepen Plug Back Same Resty, Diff, Resty,					
	Designate Type of Completic		Total Depth	Jespen	P.B.T.D.	Jan. Resv.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
	Perforations			Depth Casing Shoe		
	TUBING, CASING, AND		CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
v.	TEST DATA AND REQUEST FOR ALLOWABLE (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	Date of Test	Producing Method (Flow, pump, gas lift,		, etc.j	
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
	Actual Prod. During Test	Oil-Bble.	Water - Bbis.		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	

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.

(Title) 1/12/72

(Date)

OIL CONSERVATION COMMISSION

APPROVED Orig. Signed by

Joe D. Ramey Dist. I, Supv. 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.

Fill out only Sections I, II, III, and VI for changes of owner, ell 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.

※ 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