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NO. OF COPIES REC	EIVEO	ł			
DISTRIBUTION			Ī		
SANTA FE					
FILE					
U.S.G.S.			$\Box$		
LAND OFFICE					
IRANSPORTER	OIL				
TARASPORTER	GAS				
OPERATOR					
PRORATION OFFICE					
Operator					
Mobil Prod	ucing	Te	xa		
Address					
9 Greenway	Plaz	а,	Su		
Reason(s) for Hina (Check proper box					

		<b>→</b>						
	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	B				
	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11				
	FILE	AND Effective 1-1-62						
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
	LAND OFFICE			3A3				
	OIL	Tou.						
	TRANSPORTER GAS							
	OPERATOR							
	PROBATION OFFICE	╡						
1.	Operator							
	Mobil Producing Texa	s & New Mexico Inc						
	Mobil Producing Texas & New Mexico Inc.  Address  9 Greenway Plaza, Suite 2700, Houston, TX 77046  Reason(s) for Irling (Check proper box) New Well Change in Transporter of:  To change Operator name from Mobil Oil							
	Recompletion	Oil Dry G	corporation.					
	Change in Ownership	Casinghead Gas Conde	Effective (Effective	Date: 1-1-1980)				
	If change of ownership give name and address of previous owner							
11.	DESCRIPTION OF WELL AND	I.FASE						
	Lease Name Denton North	Well No. Pool Name, Including F	ormation Kind of Lease	1 1 Legse No.				
	Wolfcamp Unit Tract #	Denton Wolfc	amp	Fee '				
	Unit Letter M : 33(	Feet From The South Lir	ne and <u>990</u> Feet From 1	The West				
	25	1/ 0						
	Line of Section 35 To	wnship 14-S Range 3	/-E , ммрм, Lea	County				
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA						
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)				
	See Attachment							
	Name of Authorized Transporter of Car	singhead Gas 🙀 or Dry Gas 🗍	Address (Give address to which approv	ed copy of this form is to be sent)				
	Tipperary Resources Cor	-n	500 West Illinois, Mid	land TV 70701				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe					
	give location of tanks.	J 26 14-S 37-E	You Iv-	- 1 1070				
1			1110	y 1, 1970				
		th that from any other lease or pool,	give commingling order number:	•				
IV.	COMPLETION DATA	Oil Well   Gas Well						
	Designate Type of Completic		New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.				
				1 1				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
ĺ	Perforations			Depth Casing Shoe				
ļ								
1		TUBING, CASING, AND	CEMENTING RECORD					
Ì	HOLE SIZE	CASING & TUBING SIZE	OEPTH SET	SACKS CEMENT				
ŀ	7,000	CASING & COSING SIZE	OEFTA 3CT	SACKS CEMENT				
ŀ			<del>                                     </del>					
-								
		1						
Į			<u>i</u>					
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil a	nd must be equal to or exceed top allow-				
	OII. WELL able for this depth or be for full 24 hours)							
- 1	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-Bhis.	Water - Bbis.	Gas-MCF				
	-							
1_								
	CAS WELL							
r	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Complete of Comple				
1	Actual Fied. 1881-MCF/D	Length of lest	Bols. Condensate/MMCF	Gravity of Condensate				
L								
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
L			_					
VI. d	CERTIFICATE OF COMPLIANC	E	OIL CONSERVAT	TION COMMISSION				
	or object the contract of the							
,	handly contifue that the sules and s	amiletions of the Oil Consequation	APPROVED TO	<u>5 1979</u> . 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.		0						
		BY	Signed by					
		Orig. Signed by  Jerry Sexton  TITLE Dist 1. Supp.						
		TITLE Dist_	I. Supv					
			This form is to be filed in co	ompliance with RULE 1104.				
Delly regation		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 allow-						
					Authorized Agent			
						•	• 1	able on new and recompleted wells.
_	October 31						III, and VI for changes of owner, nor other such change of condition.	
(Date)			well name or number, or transporter, or other such change of condition.					

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

## 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