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,	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 GAS	
ı.	PRORATION OFFICE Operator Mobil Producing Texas	& New Mexico Inc.			
	9 Greenway Plaza, Suite 2700, Houston, TX 77046				
	Reason(s) for filing (Check proper box New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	Corporation.	rator name from Mobil Oil re Date: 1-1-1980)	
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND				
	Wolfcamp Unit Tract 5 Location	Well No. Pool Name, Including F 8 Denton Wolfcar	Serie Fede	Legse 140.	
		SO Feet From The South Lin	e and 990 Feet From	The West	
	Line of Section 35 Township 14-S Range 37-E , NMPM, Lea County				
	Name of Authorized Transporter of OII See attachment Name of Authorized Transporter of Cas Tipperary Resources Cor	inghead Gas XX or Dry Gas	Address (Give address to which appr 500 West Illinois, Mi	,, , , , , , , , , , , , , , , , , , , ,	
	If well produces oil or liquids, give location of tanks.	J 26 14-S 37-E	Yes	2-16-67	
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA				
	Designate Type of Completion	i	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	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	
	Perforations			Depth Casing Shoe	
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	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)				
ĺ	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
}	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
-	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
I,	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Teeting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
L	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		

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.

1979

Authorized

October 31.
(Date)

ON

APPROVED		, 19
BY	Orig. Signed by	
D1	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 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

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