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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE upersedes Old C-104 and C-110 Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PRORATION OFFICE Mobil Producing Texas & New Mexico Inc. 9 Greenway Plaza, Suite 2700, Houston, TX 77046 Reason(s) for filing (Check proper box) Other (Please explain) New Well To change Operator name from Mobil Oil Dry Gas Oil Recompletion Corporation. Casinghead Gas Condensate (Effective Date: 1-1-1980) Change in Ownership If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE
Well No. | Pool Name, Including Formation Kind of Lease Lease No. Legse Name Denton North State, Federal or Fee Wolfcamp Unit Tract Denton Wolfcamp 660 1980- North Line and 2130 Feet From The West Unit Letter 35 14-S Range 37-E , NMPM, Lea Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil XX or Condensate See Attachment
Name of Authorized Transporter of Casinghead Gasty or Dry Gas Address (Give address to which approved copy of this form is to be sent) 500 West Illinois, Midland, TX 79701 Tipperary Resources Corp. Is gas actually connected? When Unit If well produces oil or liquids, give location of tanks. 14-S 37-E J , 26 Yes 2-16-67 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Restv. Diff. Restv. Gas Well Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE (Test must be after recovery of total valume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) OIL CONSERVATION COMMISSION 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. APPROVED. Tol: Signal II BY. 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 allow-able on new and recompleted wells.

1979 <u>October</u>

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