U. COPIES RECEIVED DISTRIBUTION TW MEXICO OIL CONSERVATION COMMISSIO Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 ANTA FE REQUEST FOR ALLOWABLE FILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S. LAND OFFICE OIL TRANSPORTER OPERATOR PRORATION OFFICE Operator Mobil Oil Corporation P. O. Box 633, Midland, Texas 79701 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: New Well Dry Gas Oil Recompletion Casinghead Gas X Condensate 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 บิธิทิชิที่ North Wolfcamp State, Federal or Fee Fee 29 Denton Wolfcamp Tr. 6 Unit 460 East 660 Feet From The North Line and Feet From The Unit Letter_ , NMPM, 37-E Lea 35 Township 14-S Range 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) of Authorized Transporter of Oil * See Attachment Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas 💢 💮 or Dry Gas 🦳 500 West Illinois, Midland, Texas 79701 Tipperary Resources Corporation Is gas actually connected? When P.ge. Twp. Unit Sec. 37-E May 1, 1970 14-S Yes 26 J give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number:

Gas Well

Date Compl. Ready to Prod.

Name of Producing Formation

Date of Test

Oil - Bbls.

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.

(Signature)

(Title)

(Date)

Authorized Agent

May 15, 1970

Tubing Pressure

Length of Test

Tubing Pressure (Shut-in)

CASING & TUBING SIZE

New Well

TUBING, CASING, AND CEMENTING RECORD

Total Depth

Top Oil/Gas Pay

Casing Pressure

Workover

DEPTH SET

Producing Method (Flow, pump, gas lift, etc.)

Deepen

(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)

P.B.T.D.

Tubing Depth

Choke Size

Depth Casing Shoe

IV. COMPLETION DATA

Date Spudded

Perforations

OIL WELL

Length of Test

GAS WELL

Actual Prod. During Test

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Designate Type of Completion - (X)

V. TEST DATA AND REQUEST FOR ALLOWABLE

Elevations (DF, RKB, RT, GR, etc.)

HOLE SIZE

Date First New Oil Run To Tanks

Gas - MCF Water - Bbls. Gravity of Condensate Bbls. Condensate/MMCF Choke Size Casing Pressure (Shut-in) OIL CONSERVATION COMMISSION JUN 22 1976 APPROVED BY. TITLE LUPERVISOR DISTRICT 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. 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

Lease No.

County

Plug Back | Same Res'v. Diff. Res'v.

SACKS CEMENT

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RECEIVED

JUN 18 1970

OIL CONSERVATION CO 1M. HOBBS, N.

* 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