

NEW MEXICO OIL CONSERVATION COMMISS.
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

1. COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I.

Operator Mobil Oil Corporation	
Address P. O. Box 633, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Denton North Wolfcamp Unit Tract 8	Well No. 1	Pool Name, Including Formation Denton-Wolfcamp	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter 0	660	Feet From The South	Line and 2310	Feet From The East
Line of Section 36	Township 14-S	Range 37-E	, NMPM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
*SEE ATTACHMENT		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Tipperary Resources Corporation	500 West Illinois, Midland, Texas 79701	
If well produces oil or liquids, give location of tanks.	Unit J Sec. 26 Twp. 14-S Rge. 37-E	Is gas actually connected? Yes When 12-26-72

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X					X		X
Date Workover Workover start 12-18-72	Date Compl. Ready to Prod. 12-26-72	Total Depth 12,646'	P.B.T.D. 12,430'					
Elevations (DF, RKB, RT, GR, etc.) 3797 GR.	Name of Producing Formation Denton-Wolfcamp	Top Oil/Gas Pay 9269'	Tubing Depth 9,253'					
Perforations 9269-78, 9286-89, 9292-96, 9342-46, 9401-9424			Depth Casing Shoe 12,646'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4	13-3/8		305		325 sx.			
12-1/4	9-5/8		4799		2200 sx.			
8-3/4	7"		12646		550 sx.			

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 12-26-72	Date of Test 1-18-73	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure --	Casing Pressure --	Choke Size 2"
Actual Prod. During Test	Oil-Bbls. 30	Water-Bbls. 4	Gas-MCF TSTM

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

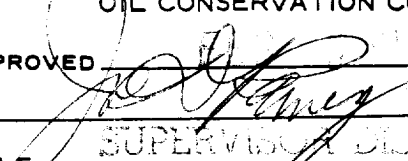
VI. CERTIFICATE OF COMPLIANCE

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.



Authorized Agent
(Title)
January 31, 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE **SUPERVISOR DISTRICT I**

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 completed wells.