	HO. 01 COPIES RECEIVED					
I.	DISTRIBUTION					
	SANTA FE					
	FILE					
	U.S.G.S.					
	LAND OFFICE					
	TRANSPORTER	OIL				
		GAS				
	OPERATOR					
	PROPATION OFFICE					
	Mobil Producing 1					
	Nine Greenway Pla					
	Reason(s) for filing (Check proper box					
	New Well					
	Recompletion					
	Change in Ownership					
-						

(Date)

NEW MEXICO CIL CONSERVATION COMMISSION

	SANTA FE	REQUE	ST FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C	
	U.S.G.S.	AND Effective 1-1-65 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	LAND OFFICE	AUTHORIZATION TO I	RANSPORT OIL AND NATURA	AL GAS	
	TRANSPORTER OIL				
	GAS	 			
	OPERATOR				
1.	PRORATION OFFICE			•	
	Operator				
		TX. & N.M. Inc.			
	Nine Greenway Plaza, Suite 2700, Houston, Texas 77046				
	Reason(s) for filing (Check proper		Other (Please explain)		
	New Well	Change in Transporter of:	_		
	Recompletion X	Otl Dry	Gas	·	
	Change in Ownership	Casinghead Gas Con	ndensate		
	If change of ownership give name	•			
	and address of previous owner				
**	DESCRIPTION OF THE				
ц.	DESCRIPTION OF WELL AN	Well No. Pool Name, Including			
	Wolfcamp Ut-Tr.			Lease No.	
	Location	7 2 Denton Wo	If camp State, Fee	teral or Fee Fee	
		560			
	Unit Letter N ; 6	560 Feet From The South	Line and 1650 Feet Fr	om The West	
	Line of Section 36	140	275		
	Line of Section 30	Township 145 Range	<u> 37Е , ммрм, Le</u>	a County	
m	DESIGNATION OF TRANSBO	BTER OF OUR AND MARKET			
••••	Name of Authorized Transporter of C	RTER OF OIL AND NATURAL (Andreas (Come address as about		
	SEE ATTACHMENT		Andreas (Othe aggress to mutch ap	proved copy of this form is to be sent)	
	Name of Authorized Transporter of C	Casinghead Gas A or Dry Gas	Address (Cine address to which		
	Name of Authorized Transporter of Casinghead Gas ar Dry Gas Address (Give address to which approved copy of this form is to be Tipperary Resources Corp. 500 West Illinois, Midland, TX 79701				
		Unit Sec. Twp. P.ge.			
	If well produces oil or liquids, give location of tanks.	J 26 14S 37E	Yes	7-13-83	
			 	7-13-03	
IV	If this production is commingled a	with that from any other lease or poo	l, give commingling order number:	•	
٠٠.	COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen		
	Designate Type of Complet	$x_{ion} = (X)$	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty	
1	Date Spudded	Date Compl. Ready to Prod.	Total Bank	X	
	Date Spudded 6-21-83	7-13-83	Total Depth 12650	P.B.T.D.	
ŀ	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	12165	
	3800 (GR)	Wolfcamp		Tubing Depth	
ŀ	Perforations	_ worreamp	9193	9440	
	9193-9356			Depth Casing Shoe	
ŀ		TUBING CASING A	18.07.19.17.10		
ŀ	HOLE SIZE	CASING & TUBING SIZE	ND CEMENTING RECORD		
ŀ	17-1/4	13-3/8	300	SACKS CEMENT	
ŀ	12-1/4			300	
- 1	8-3/4	9-5/8	4769	1700	
-	0-3/4		12649	600	
ا ء رو	TECT DATA AND DESCRIPTION OF				
٧.	TEST DATA AND REQUEST FOIL WELL	FOR ALLOWABLE (Test must be	after recovery of total volume of load o lepth or be for full 24 hours)	il and must be equal to or exceed top allow	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	246	
	7-14-83	7-20-83		isji, eic.	
_ <u> </u>	Length of Test	Tubing Pressure	Pumping	Choke Size	
	24 Hours		Coming Figure 2	Chore size	
1	Actual Prod. During Test	Cil-Bhis.	Water - 3bis.	Ggs - MCF	
- 1	268 BNO	35			
'	*		0		
•	GAS WELL	vice of the second seco			
_	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	16-w-16-	
			and the same of th	Gravity of Condensate	
F	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-is)	Casing Pressure (Shut-ia)	Choke Size	
	• • •		Cashid Piesser (Sauc-12)	Chore Size	
<u> </u>	ERTIFICATE OF COMPLIAN	CE	 		
C	LATIFICATE OF COMPLIAN	CE		ATION COMMISSION	
_	Name to the second second		JUL 29	3 1983	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			APPROVEDJUL &	, 19	
al	bove is true and complete to the	e best of my knowledge and belief.	BY GMCINAL HOUSEN MY MERRY SEXTON		
			Distanci La	WWWVISOR	
	r		TITLE	-	
	Value C	ΛΛ	This form is to be filed in	compliance with RULE 1104.	
- Yaula a. Callins			If this is a request for allo	wable for a newly drilled or deepened	
	Authorized Agent	ature)	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		
_					
	7-25-83	ile)	sble on new and recompleted w	elis.	
	1-40-03		ii		

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

JUL 28 1983

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