.g. G. COPIES RECE	IIVED	l	
DISTRIBUTION			
SANTA FE			
FILE			
U.\$.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			

TW MEXICO OIL CONSERVATION COMMISSIC REQUEST FOR ALLOWABLE AND

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

	U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL O	SAS		
1.	Operator					
	Mobil Oil Corporation Address					
	P. O. Box 633, Midland	, Texas 79701				
Reason(s) for filing (Check proper box) New Well Change in Transporter of:						
	Recompletion	Oil Dry Gas	₹ 1			
	Change in Ownership	Casinghead Gas X Conden	sate []			
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.		
	Unit Tr. 7	13 Denton Wolfcan	St-4- F-3	l or Fee Fee		
	Unit Letter C : 165	Feet From The West Line	e and 510 Feet From	The North		
	Line of Section 36 Tow	mship 14-5 Range	37-E , ммрм, <u>Lea</u>	County		
ш.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA or Condensate	S Address (Give address to which appro	ved copy of this form is to be sent)		
	* See Attachment Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to be sent)					
	Tipperary Resources Co		500 West Illinois, Mid	land, Texas 79701		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 26 14-S 37-E	Is gas actually connected? Wh Yes Ma	en ay 1, 1970		
	If this production is commingled wit		give commingling order number:			
IV.	Designate Type of Completio	Oil Well Gas Well	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.		
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	100 011/042 14/			
	Perforations			Depth Casing Shoe		
		TUBING, CASING, AND	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEF TH OUT			
V.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed to able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. Test-MCF/D					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	I. CERTIFICATE OF COMPLIANCE		ATION COMMISSION			
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED JUN 22 1970 , 19			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. (Signature) Authorized Agent (Title) May 15, 1970		TITLE 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 seems or number, or transporter, or other such change of condition.			

(Date)

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 walls.

* 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