NO. OF COPIES RECE	IVED	
DISTRIBUTIO	N	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	PORTER OIL	
INANSPORTER	GAS	
OPERATOR		
DECEMBER OF	-1CE	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

U.S.G.S. LAND OFFICE TRANSPORTER OIL TRANSPORTER OIL OPERATOR	Lease No.
IRANSPORTER OIL GAS OPERATOR	
PRORATION OFFICE	
OPERATOR OPERATOR PRORATION OFFICE Union Oil Company of California Address P.O. Box 671 - Midland, Texas 79701 Reason(s) for filing (Check proper box) New We!l Change in Transporter of: Recompletion Oil Dry Gas Condensate February 1, 1971 If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Arreguy Arreguy I Morton Wolfcamp State, Federal or Fee Lease Name Arreguy I Morton Wolfcamp Location Unit Letter B: 510 Feet From The North Line and 1980 Feet From The East Line of Section 13 Township 15 South Range 34 East , NMPM, Lea II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Oil or Condensate Proceedings (Give address to which approved copy of this form is to be another address to which approved copy of this form is to be another address to which approved copy of this form is to be another address to which approved copy of this form is to be another address to which approved copy of this form is to be another address to which approved copy of this form is to be another address to which approved copy of this form is to be another address to which approved copy of this form is to be another address to which approved copy of this form is to be another address to which approved copy of this form is to be another address to which approved copy of this form is to be another address to which approved copy of this form is to be a condensate Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be a condensate Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be a condensate Transporter of Casinghead Gas or Dry Gas Transporter of Casinghead Gas Transporter of Casingh	
Union Oil Company of California Address P.O. Box 671 - Midland, Texas 79701 Reason(s) for filing (Check proper box) New Well Change in Transporter of: Change in Ownership Casinghead Gas Condensate II. Description OF Well And Lease Arreguy Norton Wolfcamp Lease Name Arreguy Norton Wolfcamp Location Unit Letter B; 510 Feet From The North Line and 1980 Feet From The East Line of Section 13 Township 15 South Range 31 Rast NMPM, Lea II. Designation of Transporter of Oil And Natural Gas Name of Authorized Transporter of Oil Casinghead Gas or Ory Gas Address (Give address to which approved copy of this form is to b Manoco Production Company (Trucks) Name of Authorized Transporter of Casinghead Gas or Ory Gas Address (Give address to which approved copy of this form is to b Manoco Authorized Transporter of Casinghead Gas or Ory Gas Address (Give address to which approved copy of this form is to b Manoco Authorized Transporter of Casinghead Gas or Ory Gas Address (Give address to which approved copy of this form is to b Manoco Authorized Transporter of Casinghead Gas or Ory Gas Address (Give address to which approved copy of this form is to b Manoco Authorized Transporter of Casinghead Gas or Ory Gas Address (Give address to which approved copy of this form is to b Manoco Authorized Transporter of Casinghead Gas or Ory Gas Address (Give address to which approved copy of this form is to b South Tipperrary Resources Corpe	
Company of California	
Union 011 Company of California Address P.O. Box 671 - Midland, Texas 79701 Reason(s) for filing (Check proper box) New We!! Change in Transporter of: Change in Ownership Change in Ownership Change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Arreguy II. Morton Wolfcamp Location Unit Letter B; 510 Feet From The North Line and 1980 Feet From The Bast Line of Section 13 Township 15 South Range 34 East , NMFM, Lea II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Amoco Production Company (Trucks) Name of Authorized Transporter of Casinghead Gas or Dry Gas Tipperary Resources Corp. Other (Please explain) Effective date of change: February 1, 1971 Midland, Texas 79701 Other (Please explain) Effective date of change: February 1, 1971 Midland, Texas 79701 Address (Give address to which approved copy of this form is to be address to which approved copy of this form is to be address (Give address to which approved copy of this form is to be address (Give address to which approved copy of this form is to be address (Give address to which approved copy of this form is to be address to which approved copy of this form is to be address to which approved copy of this form is to be address to which approved copy of this form is to be address to which approved copy of this form is to be address to which approved copy of this form is to be address to which approved copy of this form is to be address to which approved copy of this form is to be address to which approved copy of this form is to be address to which approved copy of this form is to be address to which approved copy of this form is to be address to which approved copy of this form is to be address to which approved copy of this form is to be address to which approved copy of this form is to be address to which approved copy of this form is to be address to which approved copy of this form is to be address to which approved copy of this form is	
Recson(s) for filing (Check proper box) Recson(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Oil I Dry Gas February 1, 1971	
Reason(s) for filing (Check proper box) New We!l	
Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership Change in Transporter of: Oil Change in Ownership Change of ownership Recompletion Change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Arreguy I Morton Wolfcamp Location Unit Letter B : 510 Feet From The North Line and Line of Section Township II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Amoco Production Company Name of Authorized Transporter of Casinghead Gas Tipperary Resources Corp. Other (Please explain) Effective date of change: February 1, 1971 Rine of Please explain) Feffective date of change: February 1, 1971 Feffective date of change: February 1, 1971 Name of Authorized Transporter of Casinghead Gas Other (Please explain) Feffective date of change: February 1, 1971 February 1, 1971 Feffective date of change: February 1, 1971 Febr	
New Well Change in Transporter of: Recompletion Oil X Dry Gas February 1, 1971	
Recompletion Oil Dry Gas Condensate February 1, 1971 If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Arreguy 1 Morton Wolfcamp Location Unit Letter B; 510 Feet From The North Line and 1980 Feet From The Bast Line of Section 13 Township 15 South Range 31 East , NMPM, Lea II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Anoco Production Company (Trucks) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be Tipperary Resources Corp. Address (Give address to which approved copy of this form is to be Tipperary Resources Corp.	
Change in Ownership Casinghead Gas Condensate February 1, 1971 If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation State, Federal or Fee Fee Location Unit Letter B; 510 Feet From The North Line and 1980 Feet From The East Line of Section 13 Township 15 South Range 34 East, NMPM, Lea III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be Amoco Production Company (Trucks) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be Tipperary Resources Corpe	
If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Arreguy I Morton Wolfcamp Location Unit Letter B : 510 Feet From The North Line and 1980 Feet From The East Line of Section 13 Township 15 South Range 34 East , NMPM, Lea III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be Amoco Production Company (Trucks) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be Tipperary Resources Corp. 14	
II. DESCRIPTION OF WELL AND LEASE Lease Name Arreguy Location Unit Letter B; 510 Feet From The North Line and 1980 Feet From The East Line of Section 13 Township 15 South Range 34 East, NMPM, Lea II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Amoco Production Company (Trucks) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be Tipperary Resources Corp. Mell No. Pool Name, Including Formation Kind of Lease State, Federal or Fee Fee State, Federal or Fee Fee Andress (Give address to which approved copy of this form is to be Address (Give address to which approved copy of this form is to be Tipperary Resources Corp.	
Lease Name Arreguy Location Unit Letter B State Feet From The North Line and 1980 Feet From The Bast Line of Section 13 Township 15 South Range 34 East Name of Authorized Transporter of Oil or Condensate Anoco Production Company (Trucks) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be Tipperary Resources Corp. Well No. Pool Name, Including Formation Kind of Lease Kind of Lease Kind of Lease State, Federal or Fee Fee Address (Give address to which approved copy of this form is to be Address (Give address to which approved copy of this form is to be Tipperary Resources Corp. 500 W. Illinois - Midland, Texas 7970	
Lease Name Arreguy Location Unit Letter B; 510 Feet From The North Line and 1980 Feet From The East Line of Section 13 Township 15 South Range 14 East, NMPM, Lea Unit Designation Of Transporter of Oil And Natural Gas Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be Tipperary Resources Corp. Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee Fee State, Federal or Fee Fee Address (Give address to which approved copy of this form is to be P.O. Box 3119 - Midland, Texas 79701 Address (Give address to which approved copy of this form is to be Tipperary Resources Corp.	
Lease Name Arreguy Location Unit Letter B; 510 Feet From The North Line and 1980 Feet From The East Line of Section 13 Township 15 South Range 31 East, NMPM, Leas Name of Authorized Transporter of Oil Trucks) Name of Authorized Transporter of Casinghead Gas Tor Dry Gas Address (Give address to which approved copy of this form is to be Tipperary Resources Corp. Well No. Pool Name, Including Formation Kind of Lease State, Federal or Fee Feet Range 31 East, NMPM, Leas Address (Give address to which approved copy of this form is to be P.O. Box 3119 - Midland, Texas 79701 Address (Give address to which approved copy of this form is to be Tipperary Resources Corp.	
Unit Letter B; 510 Feet From The North Line and 1980 Feet From The Bast Line of Section 13 Township 15 South Range 34 East, NMPM, Lea II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be Amoco Production Company (Trucks) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be Tipperary Resources Corp. South Range 34 East, NMPM, Lea Address (Give address to which approved copy of this form is to be 500 W. Illinois - Midland, Texas 7970	County
Unit Letter B; 510 Feet From The North Line and 1980 Feet From The East Line of Section 13 Township 15 South Range 34 East , NMPM, Lea II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Trucks) Name of Authorized Transporter of Casinghead Gas Tor Dry Gas Address (Give address to which approved copy of this form is to be Tipperary Resources Corp. Address (Give address to which approved copy of this form is to be 500 W. Illinois - Midland, Texas 79701	County
Line of Section 13 Township 15 South Range 34 East , NMPM, Lea II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be a superior of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be a superior of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be a superior of Casinghead Gas or Dry Gas Sources (Give address to which approved copy of this form is to be a superior of Casinghead Gas or Dry Gas Sources (Give address to which approved copy of this form is to be a superior of Casinghead Gas or Dry Gas Sources (Give address to which approved copy of this form is to be a superior of Casinghead Gas Sources (Give address to which approved copy of this form is to be a superior of Casinghead Gas Sources (Give address to which approved copy of this form is to be a superior of Casinghead Gas Sources (Give address to which approved copy of this form is to be a superior of Casinghead Gas Sources (Give address to which approved copy of this form is to be a superior of Casinghead Gas Sources (Give address to which approved copy of this form is to be a superior of Casinghead Gas Sources (Give address to which approved copy of this form is to be a superior of Casinghead Gas Sources (Give address to which approved copy of this form is to be a superior of Casinghead Gas Sources (Give address to which approved copy of this form is to be a superior of Casinghead Gas Sources (Give address to which approved copy of this form is to be a superior of Casinghead Gas Sources (Give address to which approved copy of this form is to be a superior of Casinghead Gas Sources (Give address to which approved copy of this form is to be a superior of Casinghead Gas Sources (Give address to which approved Casinghead Gas Sources (Give address to which approved Casinghead Gas Sources (Give address to which approved Casinghead Gas Sources (Give address	County
Line of Section 13 Township 15 South Range 34 East , NMPM, Lea II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 2 or Condensate Address (Give address to which approved copy of this form is to be Amoco Production Company (Trucks) Name of Authorized Transporter of Casinghead Gas 2 or Dry Gas Address (Give address to which approved copy of this form is to be Tipperary Resources Corp. 500 W. Illinois - Midland, Texas 7970	County
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be Amoco Production Company (Trucks) Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be Tipperary Resources Corp. Tipperary Resources Corp.	County
Address (Give address to which approved copy of this form is to be a series of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be a series of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be a series of Casinghead Gas or Dry Gas Sources Corp. Address (Give address to which approved copy of this form is to be a series of Casinghead Gas or Dry Gas Sources (Give address to which approved copy of this form is to be a series of Casinghead Gas or Dry Gas Sources (Give address to which approved copy of this form is to be a series of Casinghead Gas or Dry Gas Sources (Give address to which approved copy of this form is to be a series of Casinghead Gas or Dry Gas Sources (Give address to which approved copy of this form is to be a series of Casinghead Gas or Dry Gas Sources (Give address to which approved copy of this form is to be a series of Casinghead Gas or Dry Gas Sources (Give address to which approved copy of this form is to be a series of Casinghead Gas Sources (Give address to which approved copy of this form is to be a series of Casinghead Gas Sources (Give address to which approved copy of this form is to be a series of Casinghead Gas Sources (Give address to which approved copy of this form is to be a series of Casinghead Gas Sources (Give address to which approved copy of this form is to be a series of Casinghead Gas Sources (Give address to which approved copy of this form is to be a series of Casinghead Gas Sources (Give address to which approved copy of this form is to be a series of Casinghead Gas Sources (Give address to which approved copy of this form is to be a series of Casinghead Gas Sources (Give address to which approved copy of this form is to be a series of Casinghead Gas Sources (Give address to which approved copy of this form is to be a series of Casinghead Gas Sources (Give address to which approved copy of this form is to be a series of Casinghead Gas	
Address (Give address to which approved copy of this form is to be a series of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be a series of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be a series of Casinghead Gas or Dry Gas Sources Corp. **Tipperary Resources Corp** **Address (Give address to which approved copy of this form is to be a series of Casinghead Gas or Dry Gas Sources Corp** **Tipperary Resources Corp** **Tipperary	
Amoco Production Company (Trucks) Name of Authorized Transporter of Casinghead Gas or Dry Gas Tipperary Resources Corp. P.O. Box 3119 - Midland, Texas 79701 Address (Give address to which approved copy of this form is to be 500 W. Illinois - Midland, Texas 7970	e sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to b Tipperary Resources Corp. Address (Give address to which approved copy of this form is to b	,
Tipperary Resources Corp. 500 W. Illinois - Midland, Texas 7970	e sent)
Unit Sec. Twp. Rge. Is gas actually connected? When	
If well produces oil or liquids, N 12 15-S 34-E Yes November 25, 19	167
the state of the s	
If this production is commingled with that from any other lease or pool, give commingling order number:	
V. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty.	Diff. Res
Designate Type of Completion - (X)	1
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.	
Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth	
Depth Casing Shoe	
Perforations Depth Casing Shoe	
THE INC. CASING AND CENENTING DECORD	
TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEME	NT -
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEME	
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exc	ceed top all
ONE WET I able for this depth or be for full 24 hours)	
Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)	
	<u></u>
Length of Test Tubing Pressure Casing Pressure Choke Size	
Water-Rhis. Gas-MCF	
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF	
GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate	
Actual Prod. 1881-MOF/D	
Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size	
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	.,
Testing Matrice (prior) COMMISSION	
Testing Method (pitot, back pr.) Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION	
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION	9
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION I hereby certify that the rules and regulations of the Oil Conservation Opening the part of the part	
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.	
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION I hereby certify that the rules and regulations of the Oil Conservation Output O	
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.	9

(Signature)

(Title)

(Date)

District Production Superintendent

January 14, 1971

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.