ſ	NO. OF COPIES RECEIVED				
ŀ	DISTRIBUTIO				
1	SANTA FE				
-	FILE				
ı	U.\$.G.\$.				
-	LAND OFFICE				
	TRANSPORTER	OIL			
	HANSFORTER	GAS			
1.	OPERATOR				
	PRORATION OFFICE				

4EW MEXICO OIL CONSERVATION COMMISSIC

Form C-104

	SANTA FE	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65			
	FILE		AND				
L	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATUR	RAL GAS			
	LAND OFFICE						
	TRANSPORTER OIL						
L	GAS						
	OPERATOR						
1.	PRORATION OFFICE						
Operator							
L	Allen K. Trob	Allen K. Trobaugh					
106 Wall Towers West, Midland, Texas 7970				n l			
	Reason(s) for filing (Check proper box)		Other (Please explai	,			
	New Well	Change in Transporter of:	Mo report	gas transporter			
ļ	Recompletion	Oil X Dry Gas		gas cransporter			
ĺ	Change in Ownership	Casinghead Gas Conden	sate				
-							
1	f change of ownership give name and address of previous owner						
•	and address of previous same.						
11.	. DESCRIPTION OF WELL AND LEASE Lease Lease Lease						
	Lease Name	Well No. Pool Name, including re		Federal or Foo			
	Eidson	1 No.Shoebar D	evonian State,	Federal Ci Fee Fee			
	Location						
	Unit Letter F;198	80 Feet From The north Lin	e and 1980 Fee	t From The West			
	Unit Letter,						
İ	Line of Section 15 Tow	mship 16S Range 3	5E , NMPM,	Lea County			
ι							
III	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S	the state of the country of the country			
1	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to whic	h approved copy of this form is to be sent)			
į	Texas-New Mexico Pi	ipeline Company	Box 1510, Midla	nd, Texas 79701			
	Name of Authorized Transporter of Cas	inghead Gas 🗶 or Dry Gas 🗀		h approved copy of this form is to be sent)			
	Tipperary Corporat:		500 W.Illinois,	Midland, Texas 79701			
		Unit Sec. Twp. Rge.	Is gas actually connected?	When			
	If well produces oil or liquids, give location of tanks.		No	1			
		th that from any other lease or pool, give commingling order number:					
	If this production is commingled wit	th that from any other lease of pool,	give comminging or and				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover De	epen Plug Back Same Res'v. Diff. Res'v.			
IV.			New Well Workover Dec	epen Plug Back Same Hest. Diff. Rest.			
IV.	Designate Type of Completio		New Well Workover Dec	P.B.T.D.			
IV.		on – (X)	New Hell	P.B.T.D.			
IV.	Designate Type of Completio	on – (X)	New Hell	i i			
IV.	Designate Type of Completio	on - (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D. Tubing Depth			
IV.	Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.)	on - (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
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IV.	Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE	Total Depth Top O!1/Gas Pay D CEMENTING RECORD DEPTH SET	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT			
IV.	Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations HOLE SIZE TEST DATA AND REQUEST F	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, AN CASING & TUBING SIZE	Total Depth Top O!!/Gas Pay D CEMENTING RECORD DEPTH SET after recovery of total volume of epth or be for full 24 hours)	P.B.T.D. Tubing Depth Depth Casing Shoe SACKS CEMENT load oil and must be equal to or exceed top allow-			
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above is true and comp	olete to the best of my knowledge and be
	$\Omega \subset C$
Cellen !	Straugh
	(Signature)
Operator	
	(Ttale)

1976 January 2,

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.

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.

N-VEVES

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HOSERVALUEL COMM.