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DISTRIBUTION			
SANTA FE			
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U.S.G.S.		·	
LAND OFFICE		L	
TRANSPORTER	OIL		
	GAS		
OPERATOR			
		i	ı

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DISTRIBUTION		ONSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
FILE		AND	•
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GAS	
LAND OFFICE			
TRANSPORTER OIL GAS		TOR EFFECTIVE SEE	OTEMBER 25 1984
OPERATOR	NOTE: CHANGE OF C	PERATOR EFFECTIVE SEF	7 EMBER 25, 1964
PRORATION OFFICE			
	oleum Corporation		
Address			
4000 N. Big Spri	ng, Suite 500, Midland,	Texas 79705	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Weil	Change in Transporter of:  Other Dry Ga	s Change of Operator	· Only
Recompletion	·	——————————————————————————————————————	
Change in Ownership	Casinghead Gas Conder		
Operator f change of ***********************************	To the Detroit our Compa	ny. A Division of Enstar (	Corporation
f change of ATTACK give name and address of previous MakerOPERATOR	P. O. Drawer 3546, Mid	land. Texas 79702	•
DESCRIPTION OF WELL AND L	CACE		Lease No.
Lease Name	Well No. Foot Maine, merating	ormation Kind of Lease State, Federal o	
Shipp "34" A	2 Casey Strawn	State, rederat o	
Location			Nomeh
Unit Letter F ; 2086	Feet From The West Lir	ne and 2086 Feet From Th	North
J. 10.101			County
Line of Section 34 Tow	nship 16S Range	37E , <sub>NMPM</sub> , Lea	<u> </u>
	TOP OF OH AND NATURAL GA	45	
DESIGNATION OF TRANSPORT	or Condensate		
Getty Trading and Tran		P. O. Box 1142, Midland,	TX 79702
Name of Authorized Transporter of Cas	inghead Gas X or Dry Gas	Address (Give address to which approve	
Tipperary Corp.		500 W. Illinois, Midland	, TX /9/01
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	!s gas actually connected? When	11/17/75
give location of tanks.	C 34 16S 37E	Yes	11/1///3
If this production is commingled wit	th that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty, Diff. Rest
Designate Type of Completion			
	Date Compi. Ready to Prod.	Tota. Depth	P.B.T.D.
Date Spudded			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top OH/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			#-bin ======
		IS ACUENTING BECORD	
		DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	UEFIN 3E1	
		after recovery of total volume of load oil of	and must be equal to or exceed top al
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be able for this	depth of pe for full 24 nows,	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)
Date First New Oil Run 10 14.125			Late Cine
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Length of lest			Ggs • MCF
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas Wici
Water Comment			<u> </u>
1			
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	======
		Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Costud Liassons Comes, and	
		OH COMEENIA	ATION COMMISSION
CERTIFICATE OF COMPLIA	NCE	SEP 2	E 1004
			<u> </u>
I hereby certify that the rules and	d regulations of the Oil Conservation with and that the information give	on II	HED BY HERRY WEXTON
- hoor complied	with and that the information give	of BY	The state of the s

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

above is true and complete to the best of my knowledge and the
Mary E. Davis
(Signature)
OPERATIONS MANAGER
(Title)
<b>1</b>
September 17, 1984
(Date)

DISTRICT I SUPERIVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepens 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 allo-able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owne well name or number, or transporten or other such change of conditions.

Separate Forms C-104 must be filed for each pool in multiprompleted wells.