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LAND OFFICE		
TRANSPORTER OIL		
TRANSPORTER GAS		
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator
Allen K. Trobaugh

Address
1405 First National Bank Bldg, Midland, Texas 79701

Reason(s) for filing *(Check proper box)*
New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*

If change of ownership give name and address of previous owner ____

DESCRIPTION OF WELL AND LEASE

Wildcat Townsend Miss Gas R-6328

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Eidson Com.	1	~~Undes. Townsend (Morrow)~~	Fee & State	LG1432-1

Location
Unit Letter G ; 1980 Feet From The North Line and 1980 Feet From The East

Line of Section 28 Township 16S Range 35E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]
The Permian Corporation
Address *(Give address to which approved copy of this form is to be sent)*
Box 3119, Midland, Texas 79702

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]
Tipperary Corporation
Address *(Give address to which approved copy of this form is to be sent)*
Box 3179, Midland, Texas 79702

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	G	28	16S	35E	No	

If this production is commingled with that from any other lease or pool, give commingling order number: --

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
9/5/79	1/10/80	13,050	13,008
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3994 GR	~~Morrow~~ Miss gas	12,988	12,782
Perforations			**Depth Casing Shoe**
12,988-12,992 w/2 shots per ft			13,046

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	424	450
11"	8 5/8"	4,600	1220
7 7/8"	4 1/2"	13,046	1000
	2 3/8" tbg	12,769	--

TEST DATA AND REQUEST FOR ALLOWABLE
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
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
300	24 hrs	12	50.4
Testing Method *(pitot, back pr.)*	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Press.			16/64"

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.

Allen K. Trobaugh
(Signature)
Operator
(Title)
1/28/80
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN [illegible], 19 ____
BY [signature]
TITLE SUPERVISOR DISTRICT II

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 name or number, or transporter, or other such change of condition.