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SANTA FE
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U.S.G.S.
LAND OFFICE
TRANSPORTER GAS
OPERATOR
PRORATION OFFICE
C & K Petroleum, I

Form C -104

-	SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
-	FILE		AND	A C	
	U.S.G.S.	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL GA	45	
ŀ	LAND OFFICE				
	TRANSPORTER GAS				
	OPERATOR				
.	PRORATION OFFICE				
I.	Operator				
	C & K Petroleum, In	С.			
	Address				
	P. O. Drawer 3546, Midland, TX 79702				
	Reason(s) for filing (Check proper box)		Other (Please explain)		
	New Well	Change in Transporter of:	Request for test	allowable.	
	Recompletion	Oil Dry Gas Casinghead Gas Condens	ann barrels		
	Change in Ownership	Casinghead Gas Condens	Suite []		
	If change of ownership give name				
	and address of previous owner				
**	DESCRIPTION OF WELL AND L	FASE			
11.	Lease Name	Well No. Pool Nam	ne, Including Formation	Kind of Lease	
	Shipp "27"	2 Case	ey (Strawn)	State, Federal or Fee Fee	
	Location				
	Unit Letter P 660	Feet From The East Line	e andFeet From 1	The South	
			75	100	
	Line of Section 27 , Town	nship 16S Range 3	7E , NMPM,	Lea County	
		•	_		
Ш.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	Address (Give address to which approx	ped copy of this form is to be sent)	
	Name of Administration		P.O. Box 2587, Hobbs, NM 88240 (505-393-8847)		
	Name of Authorized Transporter of Casinghead has or Dry Gas		Address (Give address to which approved copy of this form is to be sent)		
			500 West Illinois, Midland, TX 79701		
	Tipperary Corporation	Unit Sec. Twp. Rge.	Is gas actually connected? When		
	If well produces oil or liquids, P 27 16S 27E give location of tanks.		No		
	·	t that from any other lease or pool	give commingling order number:		
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Decree Besty Diff. Besty				
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
	Designate Type of Completio	1		P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod. 2/1/83	Total Depth	11,502	
	11/20/82	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Pool	1	Top Ony Gds Pdy	11,423'	
	Casey (Strawn) Strawn Perforations 11,426 to 11,439 and 11,373 to 11,396			Depth Casing Shoe	
			11,570		
	11,420 to 11,199 the	TURING, CASING, AN	D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	17-1/2"	13-3/8"	405	500 sx Class C	
	11"	8-5/8"	4306	2900 sx Class C	
	7-7/8''	5-1/2"	11570	550 sx Class H	
		2-7/8"	11423		
v	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 allow able for this depth or be for full 24 hours)				
	OIL WELL				
	Date First New Oil Run To Tanks 1/28/83 Date of Test Producing Method (Flow, pump, gas lift, etc.) Producing Method (Flow, pump, gas lift, etc.) Producing Method (Flow, pump, gas lift, etc.) Producing Method (Flow, pump, gas lift, etc.)				
	Length of Test	completion of tank bat	ttery. Approximately 90	O bbls test oil has	
	Actual Prod. During Test		Water-Bhls	Gas-MCF	
	Actual Prod. Barring 1950	been produced into the	e two test tanks on the	lease - this is to reques	
			oil. Test data will be	filed as soon as	
	GAS WELL	available.			
	Actual Prod. Test-MCF/D	Length of Test	Ebls. Condensate/MMCF	Gravity of Condensate	
				Ol La Cáza	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size	
			1		
v	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
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.			ARRENOVED FED A	1003	
			APPROVED FEB 4	1303	
			ORIGINAL SIGNED BY JERRY SEXTON		
			DISTRICT I SUPERVISOR		
	1 0				
$-i \mathcal{V} \mathcal{V}$ 11 - h			This form is to be filed in	This form is to be filed in compliance with RULE 1104.	
	7) orenelle	1 Select	tt atti- from muct be accomi	owable for a newly drilled or deepene panied by a tabulation of the deviatio	
	(Sign	nature)	tests taken on the well in acc	ordance with Rule	
Administrative Supervisor			All sections of this form must be filled out completely for allow		

(Title)

(Date)

2/2/83

915-683-3311

All sections of this form must be filled out completely for allow able on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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 multi-completed wells.

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FEB 4 1983

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