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New Well Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND LEAD Leuse Stame Scott Location Unit Letter L 1830	Oal Dry Go Castinghead Gas Conde SE Well No. Pool No. 1 Will Feet From The South Li	Notification of games	Kind of Lease State, Federal or Fea Fee
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DESCRIPTION OF WELL AND LEASE Scott Location Unit Letter L 1830	Feet From The South	dcat (Wolfcamp) ne and 660 Feet From T	State, Federal or Fee Fee
DESCRIPTION OF WELL AND LEASE Name Scott Location Unit Letter L : 1830	Feet From The South	dcat (Wolfcamp) ne and 660 Feet From T	State, Federal or Fee Fee
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Scott Location Unit Letter L ; 1830	Feet From The South Li	ne and 660 Feet From T	State, 1 edetal of 1 of
Unit Letter L : 1830	Feet From The South Li	ne and 660 Feet From T	he West
Unit Letter;			he West
Line of Section 1 , Township	3.50	267	
Line of Section , rewishing	- 155 Range	36E , NMPM, Lea	County
DESIGNATION OF TRANSPORTER	OF OIL AND NATURAL G	AS Address (Give address to which approx	and conv of this form is to be sent)
Name of Authorized Transporter of Oil XX	or Condensite	Address (Give address to which approve	
Permian Corporation Name of Authorized Transporter of Casingh	ead Gas XX or Dry Gas	P. O. Box 3119, Midland Address (Give address to which approx	ed copy of this form is to be sent)
Tipperary Corporation		P. O. Box 3179, Midlan	
Lini		Is gas actually connected? Whe	en
If well produces oil or liquids, give location of tanks.	. 1 15S 36E	Yes	September 28, 1983
If this production is commingled with th	at from any other lease or pool	, give commingling order number:	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Rest
Designate Type of Completion -		1	
Date Spudded Da	te Compl. Ready to Prod.	Total Depth	P.B.T.D.
			Tubing Depth
Pool Na	me or Producing Formation	Top Oil/Gas Pay	Tubing Dep.ii
			Depth Casing Shoe
Perforations			
	TUBING, CASING, A	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
7. TEST DATA AND REQUEST FOR	ALLOWABLE (Test must be able for this	e after recovery of total volume of load oil depth or be for full 24 hours)	
OIL WELL Date First New Oil Run To Tanks Do	ate of Test	Producing Method (Flow, pump, gas l	ifi, etc.)
		Casing Pressure	Choke Size
Length of Test	ubing Pressure	Casing Freezome	
Actual Prod. During Test O	il-Bbls.	Water-Bbls.	Gas-MCF
Actual 1 tool barring 1 and			

Length of Test

Tubing Pressure

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.

Operations Manager (Title)

December 8, 1983

Actual Prod. Test-MCF/D

Billy M. Priebe

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION

Gravity of Condensate

Choke Size

exceed top allow-

APPROVED DEC 1 2 1983

ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _

Bbls. Condensate/MMCF

Casing Pressure

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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of conditions.

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

