

Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Tipperary Oil and Gas Corporation
Well API No. 3002530065
Address
800 N. Marienfeld, Suite 100, Midland, Tx 79701
Reason(s) for Filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☒ Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator
Tipperary Petroleum Company 800 N. Marienfeld, Suite 100, Midland Tx 79701

II. DESCRIPTION OF WELL AND LEASE
Lease Name Wisner 29 State Com. No. 150-5 Well No. 1 Pool Name, including Formation Northeast Lovington Penn Kind of Lease State/Federal or Fee Lease No. E-9118-1
Location
Unit Letter L : 660 Feet From The West Line and 1980 Feet From The South Line
Section 29 Township 16S Range 37E , NMPL, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas- New Mexico Pipeline Company
Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
GPM Gas Corporation
Address (Give address to which approved copy of this form is to be sent)
1010 Plaza Office Bldg Bartlesville, OK
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When? 74004
L 29 16S 37E YES 12-21-87
If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA
Designate Type of Completion - (X)
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (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.)
Date First New Oil Run To Tank 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
Casing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Signature Michelle Cook
Printed Name Michelle Cook Title Production Clerk
Date 1/11/94 Telephone No. (915) 683-5203

OIL CONSERVATION DIVISION
JAN 18 1994
Date Approved
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.