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DISTRIBUTIO			
ANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OF	ICE		
Operator			

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104 Supersedes Old C-104 and C-110

	/ILE	KEWUESI	LOK ALLOWABLE	Effective 1-1	-65		
	U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND N	ATURAL CAS			
	LAND OFFICE	AUTHORIZATION TO TRA	MASI OKT OIL AND IN	ATURAL GAS			
	IRANSPORTER OIL						
	GAS						
	OPERATOR						
1.	PRORATION OFFICE						
Operator Tipperary Land & Exploration Corporation Address							
							500 W. Illinois, Midland, Texas 79701
	Reason(s) for filing (Check proper box)	Other (Please explain)					
	New We!l	Change in Transporter of:	Salt wat	er disposal Well #1			
	Recompletion	OII Dry Ga		y Tipperary from Atlan	UEIC		
	Change in Ownership	Casinghead Gas Conder	sate Kichilel	d Company			
	If the real of autorophic give name	4.1 .1	B 2010 D-11	Tawas 75221			
	If change of ownership give name and address of previous owner	Atlantic Richfield Co.,	DOX ZOLY, DALL	as, 16xas /3221			
		I DAGE					
H.	DESCRIPTION OF WELL AND	Well No. Pool/Name, Including F	U <sub>4</sub> mation	Kind of Lease	Lease No.		
	Danton Gasoline Plant Salt Water Disposal	1 1 1 1 1 1 1		State, Federal or Fee			
	Location						
	Unit Letter D ; 1,1	.50 Feet From The North Lin	e and 200	Feet From The West			
	OM Letter			•			
	Line of Section 11 Tow	vnship 158 Range	37B , NMPM,	Lea	County		
III.	DESIGNATION OF TRANSPORT	rer of oil and natural ga	Address (Give address to	o which approved copy of this form is	s to be sent)		
	Name of Authorized Transporter of Cit	Ur Condensate []	Addition (office desired )	- <b></b>			
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to	o which approved copy of this form is	s to be sent)		
	Nume of Authorized Francisco of Section of S		· · · · · · · · · · · · · · · · · · ·				
		Unit Sec. Twp. Rge.	Is gas actually connected	d? When			
	If well produces oil or liquids, give location of tanks.			!			
	If this production is commingled wit	th that from any other lease or pool,	give commingling order	number:	1		
IV.	COMPLETION DATA	in that from any other persons or person					
		Oil Well Gas Well	New Well Workover	Deepen Plug Back Same R	estv. Diff. Restv.		
	Designate Type of Completion		<del>                                     </del>				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	(DE DKD DE 00	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Floadering Connaction	100 311, 3427				
	Perforations		<u>.i</u>	Depth Casing Shoe	Depth Casing Shoe		
		TUBING, CASING, AND	CEMENTING RECOR	D			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	T SACKS CI	SACKS CEMENT		
			<u> </u>		e evened ton allow		
V.		OR ALLOWABLE (Test must be a able for this de	fter recovery of total voluments or be for full 24 hours,	ne oj toda oti ana must de equal to d )	. exceed top attow		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF			
	_						
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condense	ıte		
	Actual Prod. Test-MCF/D	Tankin or rear					
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	-in) Choke Size			
	Table 1						
vi	CERTIFICATE OF COMPLIAN	CE	OIL C	CONSERVATION COMMISSI	ON		
I hereby certify that the rules and regulations of the Oil Consergions			ILIN 9 1972				
			APPROVED JUN J 13/2 19				
			1 0	Orig. Signed by  By Joe D. Ramey			
above is true and complete to the best of my knowledge and best of		Dist. I, Supv.					
			TITLEDist. 1, Supv.				
	/ )		This form is to	be filed in compliance with RU	LE 1104.		
	(K)	W.	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				
(Signature)			I this form much	be accompanied by a tabulation well in accordance with RULE	J OI (DA GAATELION		
			ranta taxon on the	at a second to filled out com			

(Title)

(Date)

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.

RECEIVED

M/M C 1 1972 OIL CONSERVATION COMM. HOBBS, N. M.