

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

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FILE		
U.S.G.S.		
LAND OFFICE		X
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator: **Tipperary Oil & Gas Corporation**  
Address: **P. O. Box 3179, Midland, Texas 79702**  
Reason(s) for filing (Check proper box):  
New Well: ☒ Change in Transporter of:  
Recompletion: ☐ Oil ☐ Dry Gas ☐  
Change in Ownership: ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain): **LEASE NAME CHANGE FROM TIPPERARY 4 STATE TO TIPPERARY 4 STATE COMM**  
If change of ownership give name and address of previous owner: \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Tipperary 4 State Comm	2	Shipp (Strawn)	State, Federal or Fee State	V-927
Location: Unit Letter: <b>F</b> ; <b>2130</b> Feet From The <b>FW</b> Line and <b>1980</b> Feet From The <b>FN</b> Line of Section <b>4</b> Township <b>17S</b> Range <b>37E</b> , NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Lantern Petroleum Corp.	P. O. Box 2281, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Not connected	
If well produces oil or liquids, give location of tanks.	Unit: <b>F</b> Sec.: <b>4</b> Twp.: <b>17S</b> Rge.: <b>37E</b> Is gas actually connected? <b>No</b> When: _____

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.
	X	--	X	--	--	--	--	--
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12-07-85	1-10-86	11,300	11,243'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3786 GL	Strawn	11,063'	10,930					
Perforations	Depth Casing Shoe							
11,063' - 11,188', 40 holes	11,300							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2"	13-3/8" csg	414'	420 sx (circ)					
11"	8-5/8" csg	4218'	1300 sx (circ)					
7-7/8"	5-1/2" csg	11300'	300 sx (TOC) 9790					
	2-3/8" Tbg.	10930'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
1-10-86	1-15-86	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	110 psi	Pkr	3/4"
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF
768	768	0	622

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

*Signature*  
*Production Clerk*  
(Title)

OIL CONSERVATION COMMISSION

JAN 17 1986

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY **ORIGINAL SIGNED BY JERRY SEXTON**

TITLE **DISTRICT I SUPERVISOR**

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 allow-

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JAN 17 1986

O.C.D.  
HOBBS OFFICE