

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form 1104
Substituted for 1104 and 1111
Effective 1-1-64

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Tipperary Oil & Gas Corporation	
P. O. Box 3179, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	REQUEST TESTING ALLOWABLE OF 4000 BBLs. OIL
Recompletion <input type="checkbox"/>	
Change in ownership <input type="checkbox"/>	
Change in transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry Gas <input type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change in ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Tipperary 4 State	2	Shipp (Strawn)	State, Federal or Fee State	V-927
Location				
Unit Letter	F	2130 Feet From The	FW	Line and 1980 Feet From The
Line	4	Township	17S	Range 37E
, NMPM, Lea 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	4	17S	37E	No	

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.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Depth of Casing Shoe	Name of Producing Formation	Top of Gas Pay	Casing 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 Test Run	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. Test	Cum. Prod.	Water Prod.	Gas Prod.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. 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.

John J. Wadsworth

Production Clerk

(Signature)

(Title)

OIL CONSERVATION COMMISSION

APPROVED

ORIGINAL SIGNED BY EDDIE SEAY

BY

OIL & GAS INSPECTOR

TITLE

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 or not completed wells.