10. OF CCPIES RECE	10. OF CCPIES RECEIVED		
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
	OIL		
TRANSPORTER	GAS		
OPERATOR			
PROBATION OF	ORATION OFFICE		i

	DISTRIBUTION SANTA FE FILE	REQUEST F	NSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
-  -  -  -	U.S.G.S.  LAND OFFICE  I RANSPORTER  GAS  OPERATOR	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL (	GAS		
1.	PRORATION OFFICE Operator					
}	Address  2. O. Box 1509, Midland, Texas 79701  Other (Please explain)					
	Reason(s) for filing (Check proper box)  New We!!  Recompletion  Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas X Condens	Other (Please explain)  Effective May 1,	1970		
:	if change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including For 3 Denton Devonia				
	Priest Location  1650 Feet From The West					
	Unit Latter C ; 660 Feet From The north Line and 1650 Feet From The West  Line of Section 1 Township 15-S Range 37-E , NMPM, Lea County					
III.	DESIGN ATION OF TRANSPORT	ER OF OIL AND NATURAL GAS				
	Amoco Pipe Line Co.  Name of Authorized Transporter of Casinghead Gas & or Dry Gas A  Tipperary Resources Corp.		P.O. Box 1088, Lovington, N.M. 88260 Address (Give address to which approved copy of this form is to be sent)			
			500 West Illinois, Midland, Texas 79701  Is gas actually connected? When			
	If well produces oil or liquids, give location of tanks.	C I 15 37				
	If this production is commingled wit			Plug Back   Same Resty. Diff, Resty.		
IV.	Designate Type of Completio	n - (X)	New Well Workover Deepen	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth  Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On/Gas Pay	Depth Casing Shoe		
	Perforat: ons	erforat: ons				
		TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE				
V. TEST DATA AND REQUEST FOR ALLOWABLE  (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)  OIL WELL  Producing Method (Flow, pump, gas lift, etc.)						
	Date First New Oil Run To Tanks	Date of Test		Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	Gas - MCF		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gus - (v)-21		
	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		
v	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.		OIL CONSERVATION COMMISSION  APPROVED			
			By Athry			
				HISTORICOD DISTING		
			This form is to be filed in compliance with RULE 1104.			

L. S. Mitchell

Division Production Superintendent (Title)

(Date)

June 24, 1970

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

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

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JUL7 1970

OIL CONTENT OF THE FORMAL RIGHTS, N. E.

COMPANY.

CL CONTRACTOR COM.