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| FILE | | |
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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

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.

I.

| | | |
|--|---|--|
| Operator: TIPPERARY CORPORATION | | |
| Address: 500 West Illinois, Midland, Texas 79701 | | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) |
| New Well <input type="checkbox"/> | Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | Change in Operator name from Tipperary Land & Exploration Corporation Effective 2-20-73. |
| Recompletion <input type="checkbox"/> | | |
| Change in Ownership <input type="checkbox"/> | | |

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|----------------------|--|--|----------------------------|
| Lease Name Mabel Com | Well No. 1 | Pool Name, including Formation North Bagley Penn | Kind of Lease State, Federal or Fee State | Lease No. K-3905 |
| Location & OG-5846 | | | | |
| Unit Letter A ; 660 Feet From The North Line and 660 Feet From The East | | | | |
| Line 29 Section 11S Township 33E Range 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) | | | | | |
| AMOCO PIPELINE COMPANY | 2300 Continental Nat'l Bank Bldg. Fort Worth, Texas 76102 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| WARREN PETROLEUM COMPANY | P. O. Box 1589, Tulsa, Oklahoma 73101 | | | | | |
| If well produces oil or liquids, give number of tanks. | Unit A | Sec. 29 | Twp. 11S | Range 33E | Is gas actually connected? Yes | When 1-1-69 |

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 | Some Restr. | Diff. Restr. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | | P.B.T.D. | | | | |
| Elevations (D.F., RAB, 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 (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 Tanks | 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 |
| Testing Method (pilot, 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.

JoAnn Murphy
(Signature)
JoAnn Murphy - Production Clerk
(Title)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

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 allow-