·	NO. OF COPIES RECEIVED	~	· · · · ·		
	DISTRIBUTION SANTA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
	AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE		SAS		
	IRANSPORTER OIL GAS				
1.	PRORATION OFFICE				
	TIPPERARY OIL AND GAS CORPORATION				
	Address 500 WEST ILLINOIS, MIDLAND, TEXAS 79701				
	Reason(s) for filing (Check proper box) Other (Please explain) Change in Operator				
	Recompletion $Oil$ $Dry Gas$ Effective 6-1-74				
	Change in Ownership Casinghead Gas Condensate				
	f change of ownership give name :17				
11.	DESCRIPTION OF WELL AND	LEASE	Frmation Kind of Leas		
	Sinclair State 1 North Bagley Penn State, Federal or Fee State E-7				
	Location Unit Letter K ; 198	BOFeet From The <u>South</u> Line	e and <u>1980</u> Feet From	The West	
	Line of Section 22 Tow	mship 115 Range	33E , NMPM,	Lea County	
III.	DESIGNATION OF TRANSPORT	X or Concensate	S 2300 Continental Na Fort Worth, Texas	ted carry of this form is to be sent) at 1 Bank Bldg.	
	AMOCO PIPELINE COMPANY Nome of Authorized Transporter of Casinghead Gas X or Dry Gas		Address (Give address to which appro	ved copy of this form is to be sent)	
	WARREN PETROLEUM COM	1PANY Unit Sec. Twp. Rge.	P. O. Box 1589, Tul		
	If well produces oil or liquids, give location of tanks.	K 22 11S 33E	Yes	1-1-69	
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: <u>COMPLETION DATA</u> Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty, Diff. Rest/				
	Designate Type of Completion - (X)			P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Deptn	· · · · · · · · · · · · · · · · · · ·	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations				
	TUBING, CASING, AND HOLE SIZE CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT	
				•	
			· · · · · · · · · · · · · · · · · · ·		
			t	and must be equal to or exceed top all	
V.	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or ex able for this depth of be for full 24 hours) OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or ex able for this depth of be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)				
	Date First New Oil Run To Tanks	Date of Test	Producing memory (1 tow, pemp, get )		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water - Bble.	Gas-MCF	
	I				
	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		OIL CONSERVATION COMMISSION		
	t handly cartify that the rules and	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED     Orig. Signed by 19       Joe D. Ramer       BY	
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. <u>Morica Mardesty</u> (Signature) Gloria Hardesty - Production Clerk (Title)		BY	Dist. 1, Sugr.	
			TITLE		
	May 20, 1974	(ic) :	able on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner well name of number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple completed wells.		
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