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Secretary   Control   Co	DISTRIBUTION	NEW MEXICO	OIL CONSERVATION COMMISSION	Form C-104
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  PROMATION OFFICE  TIPPERARY OIL AND CAS CORPORATION  MOST ILLINOIS, MIDLAND, TEXAS 79701  Recompleting (Creat proper day)  New Well  Controlled of Transporter of Oil Controlled of Controlled of Transporter of Oil Controlled Oil Con				Supersedes Old C-104 and C-1
LAND OFFICE  TRANSPORTED  OR ALL  OPERATOR  PROMATION OFFICE  Deparation  TIPPERARY OIL AND GAS CORPORATION  Address  TOPPERARY OIL AND GAS CORPORATION  TOPPERARY OF GAS CORPORATION  TOPPERARY OIL AND GAS CORPORATION  TOPPERARY OF GAS CORPORATION  TOPPERARY OIL AND GAS CORPORATION  TOPPERARY OIL			<u>-</u>	Effective 1-1-65
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SOO WEST ILLINOIS, MIDLAND, TEXES 79701  New York   Change in proper dos;  New York   Change in Transporter of:  New York   Change of ownership give name and address of previous owner.  DESCRIPTION OF WELL AND LEAST   Constant   Co		GAB CORTORITION		
Second   Total   The properties   Total   To		MIDIAND TEXAS 7	9701	
New West   Change in Transporter of   Change in Transporter of   Change in Overeship   Condensate   Effective €-1-74		, HIDDIED, TELL		hange in Operator
Recompletion Conservable  Continue to Conservable  Consimpted Grs  Consimpted Grs  Consimpted Grs  Consimpted Grs  Consimpted Grs  Consimpted Grs  Description of ownership give name and address of previous owners  Description of well No. But. Leave E-73  Leave No. But. Leave E-73  Leave Solidar I Leave E-74  Leave Solidar I Leave E-74  Leave Solidar I Leave I Leave E-74  Leave Solidar I Leave I Lea	l . <del>[ ]</del>			
Content of Ownership   Content of Content	New We!l	· —		
The control of Secretary give name and eddress of previous owner.    DESCRIPTION OF MELL AND LEASE   Lease   North Bagley Penn   Rind of Lease   Sinclair State   2   North Bagley Penn   Since, Federal or Fee State   E-73	l'	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		. <del>-</del> /4
If change of ownership give name and address of previous owner.	Change in Ownership	Casinghead Gas	Condensate	
DESCRIPTION OF WELL AND LEASE  Lease Name  Sinclair State  2 North Bagley Penn  South Sale Pent From The South  Line of Section  Unit Letter  Line of Section  22 Township  11 Range 33 NAME  Line of Section  23 TEMPORARILY ABANDONED  Accessed Give address to united approved copy of this form is to be sent)  Note of Authorized Transporter of Casinghand Cas  Note of Authorized Transporter of Casinghand Cas  (I well prediction is comminged with that from any other lease or pool, give comminging order number  If this production is comminged with that from any other lease or pool, give comminging order number  If this production is comminged with that from any other lease or pool, give comminging order number  If this production is Completion — (X)  Designate Type of Completion — (			ac	
Lease Name	If change of ownership give name and address of previous owner.	ne		
Less Name   Sinclair State   2   North Bagley Penn   State   E-73	and address of province			
Less Name   Sinclair State   2   North Bagley Penn   State   E-73	DESCRIPTION OF WELL A	ND LEASE	Trind of Lar	ise Lease No.
Sinclair State   2   NOTH Bodgley Feath   Location		Well No. Poet Name, mere	Come Fada	
Unit Letter L : 660 Feet From The West Line and 1980 Feet From The South  Line of Section 22 Township 11 Range 33 , NAPM, Lea Cou  15. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GIS TEMPORARILY ABANDONED  None of Authorized Transporter of Cili or Condensors Authorized Transporter of Cili or Condensors Authorized Transporter of Cili or Condensors Authorized Transporter of Contingence Gas or Condensors Authorized Transporter of Contingence Gas or Cili or City Gas Authorized Transporter of Contingence Gas or Cili or City Gas Authorized Transporter of Contingence Gas or Cili or City Gas Authorized Transporter of Contingence Gas or Cili or City Gas Authorized Transporter of Contingence Gas or Cili or City Gas Authorized Transporter of Contingence Gas or Cili or City Gas Authorized Transporter of Contingence Gas or Cili will Sec. Twp. Figs. Is gas actually connected? When It was actua	Sinclair State	2 North Ba	igley Penn state, rede	State E-7332
Line of Section 22 Township 11 Range 33 .NNPM. Lea Con  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS TEMPORARILY ABANDONED  Notice of Authorized Transporter of Oil or Condensate Authorized Transporter of Oil or Condensate Authorized Transporter of Oil or Condensate Authorized Transporter of Casinghead Gas or Dry Gas Authorized (Give address to which approved copy of this form is to be sent)  Notice of Authorized Transporter of Casinghead Gas or Dry Gas Authorized (Give address to which approved copy of this form is to be sent)  If well produces oil or liquids, Until Sec. Twp. Fige. Is gas actually connected? When a give location of totake.  If this production is committigled with that from any other lease or pool, give commingling order number:  // CONPLETION DATA // Designate Type of Completion — (X)  Date Spudsed  Designate Type of Condensate Annother  Consignate Type of Condensate (Shut-in)  Date Spudsed (Shut-in)  Consignate Type of Condensate (Shut-in)  College Type Spudsed  Character (Shut-in)  Character (Character (Shut-in)  Character (Charact	Loggtion			
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Line of Section 22 Township II Notes of National States (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)  If well produces oil or liquids, Qive location of tents,  If well produces oil or liquids, Qive location of tent	Unit Letter;	Peet Flom The		
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Name of Authorized Transporter of Oil or Condensate   Audress (Give address to which approved copy of this form is to be seal)  Name of Authorized Transporter of Casinghead Gas or Dry Gas   Address (Give address to which approved copy of this form is to be seal)  Name of Authorized Transporter of Casinghead Gas or Dry Gas   Address (Give address to which approved copy of this form is to be seal)  If well produces oil or liquids,   Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When    If well produces oil or liquids,   Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When    If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give commingling order number:  If this production is commingled with that from any other lease or pool, give com	Line of Section 22	1 Own Start		
Name of Authorized Transporter of Oil   or Condensate   Authorized Transporter of Oil   or Condensate   Authorized Transporter of Casingheed Gas   or Dry Gas   Address (Give address to which approved copy of this form is to be sent)		CORRED OF OUR AND NATUR	ALGAS TEMPORARILY ABAN	NDONED
Name of Authorized Transporter of Casinghead Gas of Dry Gas Address (Give address to which approved copy of this form is to be sent)  If well produces cit or liquids, give location of tanks.  If this production is commingled with that from any other lease or pool, give commingling order number:  // COMPLETION DATA    Designate Type of Completion = (X)   Gas well   New Well   Workever   Deepen   Flog Back   Same Restry   Diff. 1	DESIGNATION OF TRANSP	ORIER OF OIL AND NATURA	Address (Give address to which app	roved copy of this form is to be sent)
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Name of Authorises following to a substitution of the second control of the second contr		Day Con	Address (Give address to which app	roved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.  Well production is commingled with that from any other lease or pool, give commingling order number:  W. COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Completion — (X)  Name of Producing Formation  Top Cil/Gas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  OIL WELL  Date First New Oil Bun To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION COMMISSION	Name of Authorized Transporter o	i Casinghedd Gas or Diy Gas _		
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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 able for this depth or be for full 24 hours)  OIL WELL Producing Method (Flow, pump, gas lift, etc.)  Length of Test Producing Method (Flow, pump, gas lift, etc.)  Length of Test Casing Pressure Choke Size  Actual Prod. During Test Oil-Bbis. Water-Bbis. Gas-MCF  GAS WELL  Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate  Testing Method (pitor, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	Derforations			Donah Casina Shoe
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Date First New Oil Run To Tanks  Date of Test  Length of Test  Tubing Pressure  Casing Pressure  Choke Size  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 (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION COMMISSION		CASING & TUBING SIZ	DEPTH SET	SACKS CEMENT
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Actual Prod. During Test  Oil-Bbis.  Water-Bbis.  Gas-MCF  GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Testing Method (pirot, back pr.)  Tubing Pressure (shut-in)  Oil Conservation Commission	TEST DATA AND REQUES	CASING & TUBING SIZ  ST FOR ALLOWABLE (Test minus able for	ust be after recovery of total volume of load or this depth or be for full 24 hours)  Producing Method (Flow, pump, gas	SACKS CEMENT  SACKS CEMENT  oil and must be equal to or exceed top alice to the same to th
Actual Prod. During Test  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)  Clasing Pressure (Shut-in)  OIL CONSERVATION COMMISSION	TEST DATA AND REQUES OIL WELL Date First New Oil Run To Tank	CASING & TUBING SIZE  ST FOR ALLOWABLE (Test me able for	ust be after recovery of total volume of load or this depth or be for full 24 hours)  Producing Method (Flow, pump, gas	SACKS CEMENT  SACKS CEMENT  oil and must be equal to or exceed top alice to the same to th
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)  Clasing Pressure (Shut-in)  OIL CONSERVATION COMMISSION	TEST DATA AND REQUES OIL WELL Date First New Oil Run To Tank	CASING & TUBING SIZE  ST FOR ALLOWABLE (Test me able for	ust be after recovery of total volume of load or this depth or be for full 24 hours)  Producing Method (Flow, pump, gas	SACKS CEMENT  SACKS CEMENT  poil and must be equal to or exceed top alice if t, etc.)  Choke Size
Actual Prod. Test-MCF/D  Length of Test  Bals. Condensate/MMCF  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION COMMISSION	OIL WELL  Date First New Oil Run To Tank  Length of Test	CASING & TUBING SIZE  ST FOR ALLOWABLE (Test mines able for able for able for Tubing Pressure	ust be after recovery of total volume of load or this depth or be for full 24 hours)  Producing Method (Flow, pump, gas  Casing Pressure	SACKS CEMENT  SACKS CEMENT  poil and must be equal to or exceed top alice if t, etc.)  Choke Size
Actual Prod. Test-MCF/D  Length of Test  Bals. Condensate/MMCF  Choke Size  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Clasing Pressure (Shut-in)  OIL CONSERVATION COMMISSION	OIL WELL  Date First New Oil Run To Tank  Length of Test	CASING & TUBING SIZE  ST FOR ALLOWABLE (Test mines able for able for able for Tubing Pressure	ust be after recovery of total volume of load or this depth or be for full 24 hours)  Producing Method (Flow, pump, gas  Casing Pressure	SACKS CEMENT  SACKS CEMENT  poil and must be equal to or exceed top alice if t, etc.)  Choke Size
Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Choke Size  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Clasing Pressure (Shut-in)  OIL CONSERVATION COMMISSION	OIL WELL  Date First New Oil Run To Tank  Length of Test	CASING & TUBING SIZE  ST FOR ALLOWABLE (Test mines able for able for able for Tubing Pressure	ust be after recovery of total volume of load or this depth or be for full 24 hours)  Producing Method (Flow, pump, gas  Casing Pressure	SACKS CEMENT  SACKS CEMENT  poil and must be equal to or exceed top alice if t, etc.)  Choke Size
Actual Prod. Test-MCF7D  Testing Method (pitot, back pr.)  Tubing Pressure (shut-in)  Casing Pressure (shut-in)  Choke Size  OIL CONSERVATION COMMISSION	TEST DATA AND REQUES OIL WELL Date First New Oil Run To Tank Length of Test Actual Prod. During Test	CASING & TUBING SIZE  ST FOR ALLOWABLE (Test mines able for able for able for Tubing Pressure	ust be after recovery of total volume of load or this depth or be for full 24 hours)  Producing Method (Flow, pump, gas  Casing Pressure	SACKS CEMENT  SACKS CEMENT  poil and must be equal to or exceed top alice s lift, etc.)  Choke Size
OIL CONSERVATION COMMISSION	TEST DATA AND REQUES OIL WELL Date First New Oil Run To Tank Length of Test Actual Prod. During Test  GAS WELL	CASING & TUBING SIZE  ST FOR ALLOWABLE (Test make for able for able for Tubing Pressure  Oil-Bbls.	ust be after recovery of total volume of load or this depth or be for full 24 hours)  Producing Method (Flow, pump, gas  Casing Pressure  Water-Bbls.	SACKS CEMENT  SACKS CEMENT  Dil and must be equal to or exceed top allowed to the same of
OIL CONSERVATION COMMISSION	TEST DATA AND REQUES OIL WELL Date First New Oil Run To Tank Length of Test Actual Prod. During Test  GAS WELL	CASING & TUBING SIZE  ST FOR ALLOWABLE (Test make for able for able for Tubing Pressure  Oil-Bbls.	ust be after recovery of total volume of load or this depth or be for full 24 hours)  Producing Method (Flow, pump, gas  Casing Pressure  Water-Bbls.	SACKS CEMENT  SACKS CEMENT  Dil and must be equal to or exceed top alice  Slift, etc.)  Choke Size  Gas-MCF
/L CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION	Date First New Oil Run To Tank Length of Test Actual Prod. During Test  GAS WELL Actual Prod. Test-MCF/D	CASING & TUBING SIZE  ST FOR ALLOWABLE (Test mines able for able f	ust be after recovery of total volume of load or this depth or be for full 24 hours)  Producing Method (Flow, pump, gas  Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF	SACKS CEMENT  SACKS CEMENT  Soil and must be equal to or exceed top alice tift, etc.)  Choke Size  Gas-MCF  Gravity of Condensate
IL CERTIFICATE OF COMPLIANCE	Date First New Oil Run To Tank Length of Test Actual Prod. During Test  GAS WELL Actual Prod. Test-MCF/D	CASING & TUBING SIZE  ST FOR ALLOWABLE (Test mines able for able f	ust be after recovery of total volume of load or this depth or be for full 24 hours)  Producing Method (Flow, pump, gas  Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF	SACKS CEMENT  SACKS CEMENT  Soil and must be equal to or exceed top alice tift, etc.)  Choke Size  Gas-MCF  Gravity of Condensate
IL CERTIFICATE OF COMPANY	Date First New Oil Run To Tank Length of Test Actual Prod. During Test  GAS WELL Actual Prod. Test-MCF/D	CASING & TUBING SIZE  ST FOR ALLOWABLE (Test mines able for able f	ust be after recovery of total volume of load or this depth or be for full 24 hours)  Producing Method (Flow, pump, gas  Casing Pressure  Water-Bbis.  Bbis. Condensate/MMCF  Casing Pressure (Shut-in)	SACKS CEMENT  SACKS CEMENT  Dil and must be equal to or exceed top alice of the state of the sta
VI. CERTIFICATE OF COMPLIANCE	TEST DATA AND REQUES OIL WELL Date First New Oil Run To Tank Length of Test Actual Prod. During Test  GAS WELL Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)	CASING & TUBING SIZE  ST FOR ALLOWABLE (Test make for able for Tubing Pressure  Length of Test  Tubing Pressure (Shut-in)	ust be after recovery of total volume of load or this depth or be for full 24 hours)  Producing Method (Flow, pump, gas  Casing Pressure  Water-Bbis.  Bbis. Condensate/MMCF  Casing Pressure (Shut-in)	SACKS CEMENT  SACKS CEMENT  Dil and must be equal to or exceed top alice  s lift, etc.)  Choke Size  Gravity of Condensate  Choke Size  VATION COMMISSION

BY.

## VI

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.

Gloria Hardesty-Production Clerk

May 20- 1974

(Title)

(Date)

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.

Orig. Signed by Joe D. Ramey

Dist I. Supv.

This form is to be filed in compliance with RULE 1104.

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