NO. OF COPIES RECE	IVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
		T	

R. W. Keener, Vice President

(Date)

September 25, 1969

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST FO	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
FILE	AND AND AND NATURAL GAS			
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL G	A3	
LAND OFFICE	\$150°			
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE				
Operator			İ	
Tipperary Resource	s Corporation			
Address	March Bases	~ 70701		
500 West Illinois	Midland, Texa	Other (Please explain)		
Reason(s) for filing (Check proper box)  New Well	Change in Transporter of: Change in Operator name from			
Recompletion	Oil Dry Gas Stoltz & Company, Inc., Midland.			
Change in Ownership	Casinghead Gas Condense	1 1 1		
If change of ownership give name and address of previous owner				
	North Boole	us lenned log nien		
I. DESCRIPTION OF WELL AND L	Well No. Pool Name, Including For	y- lennsy vanian mation R-3988 Kind of Lease	Lease No.	
Andover Federal	1 North Bagley	(Lower Penn) State, Federa	lor Fee Federal NM072477	
Location				
D 81	.0 Feet From The South Line	and 660 Feet From	The East	
omit Letter			County	
Line of Section 17 Tow	mship 11-S Range	33-E , NMPM, Le	ea County	
OF THANGROUND	CER OF OU AND NATURAL GAS			
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)	
Service Pine Line	Company Arroco Pipalina	3411 Knoxville Aven	ue, Lubbock, Texas	
Name of Authorized Transporter of Cas	Company Arroco Piper 3	Address (Give address to which appro	1	
Warren Petroleum C	corporation	Box 1589, Tulsa, Ok  Is gas actually connected? Wh	clahoma en	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	l <b>-</b>	-1-69	
give location of tanks.				
If this production is commingled wit	th that from any other lease or pool, g	give commingling order number:		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
Designate Type of Completion	on = (X)			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
		Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On/Gds Pdy		
Perforations			Depth Casing Shoe	
Periorditions				
	TUBING, CASING, AND	CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		1		
	TOP AT LOWARIE (Test must be a	fter recovery of total volume of load oi	l and must be equal to or exceed top allow-	
V. TEST DATA AND REQUEST F	able for this de	epth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas		
		Casing Pressure	Choke Size	
Length of Test	Tubing Pressure	Odettiå Lisenma	Ì	
Total Burkey Book	Oil-Bbls.	Water - Bbls.	Gas - MCF	
Actual Prod. During Test				
GAS WELL			Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity or Connectedity	
		Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Oderid Lienoma fames and		
		OIL CONSERV	ATION COMMISSION	
VI. CERTIFICATE OF COMPLIAN	(CE	11	· • • • • • • • • • • • • • • • • • • •	
	terminations of the Oil Conservation	APPROVED	Rungan	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		In Carther wel.	Kunedan	
above is true and complete to the	he best of my knowledge and belief.	BY		
TIPPERARY RESOURC	LD CORPORATION	This form is to be filed i	n compliance with RULE 1104.	
By: K.W. K	(eerel)	- 11		
(Sig	nature)	If this is a request for allowable for a newly diffice of deviation well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		

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 completed wells.