	HO. OF COPIES RECEIVED]						
	SANTA FE	REQUEST	Porm C+104 Supersedes Old C+104 and C+1 Effective 1+1+65	10				
	U.S.G.S.	AUTHORIZATION TO TR	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	TRANSPORTER OIL GAS	-						
I.	OPERATOR PRORATION OFFICE Operator					٦		
	Tipperary Land and Exploration Corporation							
	500 West Illinois; Midland, Texas 79701 Reason(s) for (ling (Check proper box) New Well Other (Please explain) Recompletion Oth Dry Gas Tipperary Resources Corp.							
	Change in Ow ership	Casinghead Gas Conde	r.sate Effecti	ve 7-1-71				
	If change of ownership give name and address of previous owner							
II.	DESCRIPTION OF WELL AND Lease Name	LEASE Well No. Fool Name, Including F	ormation .	Kind of Lease	Lease No.	٦		
	Kelsay	<u>l</u> North Bagle	y Penn	State, Federal or Fe	Fee			
	Location Unit Letter M; 660 Feet From The South Line and 660 Feet From The West							
	Line of Section 28 Township 11S Range 33E , NMPM, Lea County							
827	DESIGNATION OF TRANSPORT	FER OF OUL AND NATURAL G	4 6					
ANG.	Name of Authorized Transporter of Oil	X or Condensate	Address (Give address	to which approved cop	by of this form is to be sent)	-]		
	AMOCO Pipeline Co	3411 Knoxville Ave; Lubbock, Tex 79413 Address (Give address to which approved copy of this form is to be sent)						
	Warren Petroleum If well produces oil or liquids, give location of tanks.	Corporation Unit Sec. Twp. Rge. M 28 115 33E	Box 1589; Tu Is gas actually connect Yes	ed? _I When	oma 73101 -1-68			
F S 7	If this production is commingled with that from any other lease or pool, give commingling order number:							
3 V .	COMPLETION DATA Designate Type of Completion	Oil Well Gas Well	New Well Workover	Deepen Plug	Back Same Resty. Diff. Resty	~		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		T.D.	-		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
	Perforations	1	<u></u>	Dept	h Casing Shoe			
		CEMENTING RECORD		······································				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SI	Ξ Υ	SACKS CEMENT	4		
			······································			-		
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 allow- able for this depth or be for full 24 hours)							
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flou), pump, gas lift, etc.,)			
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size			
	Actual Prod. During Test	Oil-Bbis.	Water-Bbis.		Gas-MCF			
	l	<u> </u>	<u>.</u> I	I		ر_		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F Grav	ity of Condensate	٦		

	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	
	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	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.		APPROVED JUL	J 19/1 19	
	above is true and complete to th	e best of my knowledge and beiter.	TITLE OIL & G	AS INSPECTOR	

J (Signature) Faye Schmidt - Production Clerk (Signature) (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-



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JUN 3 1971

OIL CONSERVATION COMM. HOBBS, N. M.