NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 SANTA FE REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Tipperary Resources Corporation Address 500 West Illinois Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) Change in Operator name from Change in Transporter of: New Well Stoltz & Company, Inc., Midland. Dry Gas Oil Recompletion Casinghead Gas Condensate Effective 10-1-69. Change in Ownership If change of ownership give name and address of previous owner Pennsylva Well No. Pool Name, Including Formation II. DESCRIPTION OF WELL AND LEASE Lease No. R-3488 State, Federal or Fee Kelsay Fee 1 North Bagley Location 660 Feet From The South Line and 660 ___ Feet From The West 33-E 28 11-S , NMPM, Township Range Lea Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Service Pipe Line Company Amoco Pipeline Co! 3411 Knoxville Avenue, Lubbock, Toxas Address (Give address to which approved copy of this form is to be sent) or Dry Gas Name of Authorized Transporter of Casinghead Gas Box 1589, Tulsa, Oklahoma Warren Petroleum Corporation Is gas actually connected? TTwp. Rge. If well produces oil or liquids, give location of tanks. M **115** (333 7-1-68 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v. Diff. Res'v. Gas Well New Well Workover Oil Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Casing Pressure Choke Size Tubing Pressure Length of Test Gas - MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test OIL CONSERVATION COMMISSION

	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
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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.

TIPPERARY RESOURCES CORP.

By: NWKeener					
(Signature)					
R. W. Keener, Vice President					
(Title)					
September 25, 1969					

(Date)

APPROVED Geologist 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 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