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DISTRIBUTION		- CONSERVATION COMMISSION	Form C+104
SANTA FE		ST FOR ALLOWABLE	Supersedes Old C-104 and C-1
FILE		AND	Effective 1-1-65
U.S.G.S.			
LAND OFFICE	AUTHORIZATION TO I	RANSPORT OIL AND NATURA	LGAS
· • • • • • • • • • • • • • • • • • • •			
TRANSPORTER OIL			
GAS			
OPERATOR			
PRORATION OFFICE			
Operator			
TTDDEDADY OTL AND	CAC CODDODATION	**`	
TIPPERARY OIL AND	GAS CURPURATION	······································	
500 WEST ILLINOIS,			
Reason(s) for filing (Check proper b	ox)	Other (Please explain)	Change in Operator
New Wall	Change in Transporter of:	nome from Di	
Recompletion	Oil Dry		pperary Corporation.
			1-74
Change in Ownership	Casingneda Gas Con	densate	
If change of eveneshie sive some			
If change of ownership give name and address of previous owner		ar a	
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
I DESCRIPTION OF WELL AND) I F 15F		
I. DESCRIPTION OF WELL ANI Lease Name	J LEASE. Well No.; Pool Name, Including	Formation Kind of Le	ase Lease No.
			Could have
Warren State	l North Bagle	ey Penn State, Fea	eral or Fee State K-3710
Location			
Unit Letter G;	1980 Feet From The North	Line and 1980 Feet Fro	East
Unit Letter /	Feet Flom The	reerro	m The
28	ownship 115 Bange	220	_
Line of Section 28 T	ownship 115 Range	<u>33E</u> , NMPM, Le	a County
I. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL O	GAS	· · ·
Name of Authorized Transporter of C	al 🔏 – or Condensate 📃	Address (Give address to which app	Nat 1 Bank Bldg. 76102
AMOCO PIPELINE COM	DANV	Fort Worth Tevas	Natif Bank Blog.
	asinghead Gas 🗶 – or Dry Gas 🚞	Address (Cite and the which app	proved copy of this form is to be sent)
	—		
WARREN PETROLEUM CO		P. O. Box 1589, Tu	ulsa, Oklahoma 73101
If well produces cil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected?	When.
give location of tanks.	'G ' 28 '11S 33E	Yes	1-1-69
		······································	
	with that from any other lease or poo	l, give commingling order number:	
COMPLETION DATA	Oil Well Gas Well		
Designate Type of Complet		New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
Designate Type of Compres			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	·		
Elevations (DF, RAB, RT, GR. etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
, , , , , , , , , , , , , , , , ,			Tubing Depti
Perforations			Depth Casing Shoe
	TURING CASING A	ND CEMENTING RECORD	· · · · ·
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		· · · · · · · · · · · · · · · · · · ·	
		• ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	······································
	<u> </u>		
L			t
'. TEST DATA AND REQUEST 1			il and must be equal to or exceed top allow
OIL WELL		depth or be for full 24 hours)	
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
	1		
Length of Test .	Tubing Pressure	Casing Pressure	Choke Size
•			
		Wetter Dista	
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF
	•		
· · · · · · · · · · · · · · · · · · ·			
CAR WELL			
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
L	<u> </u>		
I. CERTIFICATE OF COMPLIAN	ICE	OIL CONSERV	ATION COMMISSION
			11月9日 2016 119/14
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	<u></u> , 19

T neceoy certity that the futes and legula	tour of the Oil Couseivation
Commission have been complied with a	ind that the information gives
above is true and complete to the best	; of my knowledge and belief

OIL C	ONSERVATION COMMISSION
APPROVED	19
BY	Joe D. Rayney
TITLE	Dist. I, Supr.

Glon Harde st A / 1 Signature, Gloria Hardesty - Production Clerk (Title) May 20, 1974 (Date) ł

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

If this is a request for allowable for a newly drilled or despendition well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.

All sections of this form must be filled out completely for allow-able 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 condities.

Separate Forms C-104 must be filed for each pool in multiply