Supersedes Old C-104 and C-110

NO. OF COFFFS RELEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA SE REQUEST FOR ALLOWABLE FILE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LARD GLISSE TRAUSPORTER OFERATOR PROMATIGATIVE COL Opender Tipperary Land and Exploration Corporation 500 West Illinois; Midland, Texas 79701 [Reason(s) for thing (Check proper box) Other (Please explain) Change in Transporter of: Change of Operator name from Recompletion OH Tipperary Resources Corp. Change in Commonly Casinghead Gas Effective 7-1-71 If thenge a constrahip give name and address of revious owner. II. BESCHMAN OF WELL AND LEASE
| Leave Name | Well No. | Pool Name, including Formation Kind of Lease Loase No. State, Federal or Fee Warren State North Bagley Penn \_State\_\_ K - 3710Location Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East Township 11S Range 33E , NMPM, Lea M. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
| Name of Authorized Transporter of Oil X | or Condensate | | | Address (Give address to which approved copy of this form is to be sent) AMOCO Pipeline Company
Name of Autornies (runsporter of Casinghead Gas X) 3411 Knoxville Ave: Lubbock, Tex 79413
Address (Give address to which approved copy of this form is to be sent) or Dry Gas Warren Petroleum Corporation Box 1589; dTulsa, Oklahoma 73101 is gas actually connected? Twp. P.ge. If well produces oil or liquids, 28 111S Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen Oil Well Gas Well New Well Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oll/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT (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 Date First New Otl Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bhis. Water - Bb.e. Gas - MCF Actual Frod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Cosing Pressure (Shut-in) Testing Method (pitot, back pr.) Choke Size OIL CONSERVATION COMMISSION APRROVED I hereby costify 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. This form is to be filed in compliance with AULE 1104.

VI. CERTIFICATE OF COMPLIANCE

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

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