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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator <b>Tipperary Resources Corporation</b>		
Address <b>500 West Illinois Midland, Texas 79701</b>		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	<b>Change in Operator name from Stoltz &amp; Company, Inc., Midland. Effective 10-1-69.</b>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE			
Lease Name <b>Christensen State</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>North Bagley - Pennsylvanian R-3488</b>	Kind of Lease State, Federal or Fee <b>STATE</b>
Location		Lease No. <b>K-2654</b>	
Unit Letter <b>L</b> ; <b>1980</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>West</b>			
Line of Section <b>16</b> Township <b>11-S</b> Range <b>33-E</b> , NMPM, <b>Lea</b> County			

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Service Pipe Line Company</b>				Address (Give address to which approved copy of this form is to be sent) <b>3411 Knoxville Avenue, Lubbock, Texas</b>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Corporation</b>				Address (Give address to which approved copy of this form is to be sent) <b>Box 1589, Tulsa, Oklahoma</b>		
If well produces oil or liquids, give location of tanks.	Unit <b>L</b>	Sec. <b>16</b>	Twp. <b>11S</b>	Rge. <b>33E</b>	Is gas actually connected? <b>Yes</b>	When <b>1-1-69</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL				(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)				
Date First New Oil 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 - Bbls.		Water - Bbls.			Gas - MCF		

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

VI. 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 _____, 19____	
TIPPERARY RESOURCES CORPORATION		BY <u>John W. Ruryan</u>	
By: <u>R. W. Keener</u>		TITLE <u>Geologist</u>	
(Signature)			
R. W. Keener, Vice President		This form is to be filed in compliance with RULE 1104.	
(Title)		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.	
September 25, 1969		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
(Date)		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.	