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DISTRIBUTION			Ļ	
SANTA FE			\downarrow	
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U.S.G.S.			+	
LAND OFFICE		↓	+	
TRANSPORTER	OIL		1	
	GAS	_	1	
OPERATOR		1	_	
PRORATION OFFICE				

DISTRIBUTION	REQUEST FOR ALLOWABLE AND Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
SANTA FE FILE	ANI AUTHORIZATION TO TRANSPO	OPT OIL AND NATURAL GAS	
U.S.G.S.	AUTHORIZATION TO TRANSPO	· 11-19	
LAND OFFICE IRANSPORTER CAS			
GA3			
OPERATOR PRORATION OFFICE			
Operator			
'ipperary Resources Co	rporation	- I a la column avalain	
Reason(s) for filling (the Paper box)	Midland, Texas 797	701 Other (Please explain)	
New Well	Change in Transporter of: Oil Dry Gas	Change in Operato	or name from
Recompletion Change in Ownership	Casinghead Gas Condensate	Stoltz & Company	, Inc., Midland.
		Effective 10-1-69	9
If change of ownership give name and address of previous owner			Lease Nc.
. DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Including Form	action 12-3468 Kind of Lease State, Federal	l.
Lease Name	North Magley-Per	msylvania	
Humble B	1 North Bagley (III	Fee[110m.	he State OG-286
Unit Letter F 1980	Feet From The	510 NMPM,	West County
Line of Section 27	wiship Range		
II. DESIGNATION OF TRANSPORT	TI-S TER OF OIL AND NATURAL GAS	Address (Give address to which approx	ed copy of this form is to be sent)
Name of Authorizon		Address (Give address to which appro-	
Service Piper Line Cor		Address (Give address to which approved the Address (Give address to which approved the Address to which approved the Address (Give address to which approved the Address the Addres	e. Lubbock. Texas
	X	Le gas actually connected? Wh	en
Warren Petroleum Corp	opration B	ox 1589, Tulsa <u>, Oķl</u>	ahoma
give location of tanks.	ith that from any dideSleas 3 Procedure	eye commingling order number:	Plug Back Same Resty. Diff. Fles
If this production is comminged w IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Dame 11
Designate Type of Complet	ion - (X)	Total Depth	P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.		Tubing Depth
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Chan
Elevations (DF, RRB, RT, OR,			Depth Casing Shoe
Perforations		OF VENTING RECORD	
	TUBING, CASING, AN	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE		
			ail and must be equal to or exceed top
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	e after recovery of total volume of load depth or be for full 24 hours)	oil and must be equal to or exceed top o
		Producing Method (Flow, pump, ga	s tijt, etc./
Date First New Oil Run To Tanks		Casing Pressure	Choke Size
Length of Test	Tubing Pressure		Gas-MCF
	Oil-Bbls.	Water - Bbls.	
Actual Prod. During Test			
		Bbls. Condensate/MMCF	Gravity of Condensate
GAS WELL Actual Prod. Test-MCF/D	Length of Test		Choke Size
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	
Testing Method (pitot, back pr.)		OIL CONSE	RVATION COMMISSION
VI. CERTIFICATE OF COMP	LIANCE	TOCT	0 / 10kl
	and Campaging	APPROVED APPROVED	L Rungan
I hereby certify that the rule	s and regulations of the Oil Conserva plied with and that the information gi to the best of my knowledge and bel	iven lief. BY	
above is true and complete	plied with and that the information siplied with and that the information siplied with and the information siplied with a sipl		
TIPPERARY RESOURCES	CORP.	This form is to be fil	led in compliance with RULE 1104. or allowable for a newly drilled or d ccompanied by a tabulation of the d
1. W.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
By 12. CO.	(Signature)	tests taken on the well i	n accordance with Ross

TIPPERARY	RESOURCES	CORP.
Bv	R.W.	(Signature)
ΣΥ:	•	

R. W. Keener, Vice President

September 25, 1969

All sections of this form must be filled out completely for able on new and recompleted wells.

Fill out only Sections I. II, III, and VI for changes of well name or number, or transporter, or other such change of con

Separate Forms C-104 must be filed for each pool in m completed wells.