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SANTA FE		
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u.s.g.s.		
LAND OFFICE		
IRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
Operator		

September 25, 1969
(Date)

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

⊢	SANTA FE	· · · · · · · · · · · · · · · · · · ·	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
⊢	FILE		AND ( \)	•		
-	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GA			
H	OIL					
	I RANSPORTER GAS					
	OPERATOR					
$\cdot \downarrow$	PRORATION OFFICE					
Tipperary Resources Corporation						
	Address 500 West Illinois Midland, Texas 79701					
- 1	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New Well	Change in Transporter of: Oil Dry Gas	Change in Opera	ator name from		
	Recompletion Oil Dry Gas Stoltz & Company, Inc., Midland Change in Ownership Casinghead Gas Condensate Effective 10-1-69					
If change of ownership give name and address of previous owner						
	2					
	DESCRIPTION OF WELL AND LEASE West h Mayley - Vennsy /vanian  Lease Name  Well No. Pool Name, Including Formation R - 3488 Kind of Lease  Lease No.					
-	Shell State 110 1 North Bagley (Lower Penn State, Federal or Fee State k-5061 Location OG-5846					
	Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East					
Į	Line of Section 17 Town	nship 11-S Range 3	33-E , ммрм, <b>Lea</b>	County		
<b>I</b> . 1	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approve	al conv of this form is to be sent!		
	Name of Authorized Transporter of Oil	or Condensate Concension America Piceline Co.	Address (Give adaress to which approve			
-	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approve	ed copy of this form is to be sent)		
	Warren Petroleum	Corporation	Box 1589, Tulsa, Ok Is gas actually connected? When	lahoma		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually commercial.	1-1-69		
L		h that from any other lease or pool, g				
	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio					
	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		
			ACHENTING DECORD			
		TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE				
				i was be equal to or exceed ton allows		
V.		T DATA AND REQUEST FOR ALLOWABLE (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)				
OIL WELL Date First New Oil Run To Tanks Date of Test Prod		Producing Method (Flow, pump, gas lif	t, etc.)			
	V Ab of Toot	Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test					
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
			<u> </u>			
GAS WELL  Actual Prod. Test-MCF/D Length of Test  Bbls. Condensate/MMCF  Gravity of Conde				Gravity of Condensate		
	Actual Prod. Test-MCF/D	Tanàn or 194.				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
<b>47</b> =	AND THE OF COMPLIANCE		OIL CONSERVA	TION COMMISSION		
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:  (Signature)		007 24 <b>1969</b>				
		APPROVED 1				
		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 to the second must be filled.				
				R. W. Keener, Vice President		

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.

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.