NO. OF COPIES RECEIVED				
DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				

Faye Schmidt - Production Clerk (Tale)

	SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL	1	FOR ALLOWABLE AND ANSPORT OIL AND N		Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
1.	OPERATOR PRORATION OFFICE Operator			,		
Tipperary Land and Exploration Corporation						
	500 West Illinoi: Reason(s) for filing (Check proper box New We!! Recompletion	explain) of Operator ry Resources				
	s corp.					
	If change of ownership give name and address of previous owner			ve 7-1-71		
Ħ.	DESCRIPTION OF WELL AND Lease Name	SCRIPTION OF WELL AND LEASE. se Name Well No. Pool Name, Including Formation Kind of Lease				
	Lulu	1 North Bagley	į	State, Federal or Fee	Fee Lease No.	
	Location Unit Letter N ; 650	6 Feet From The South Lin	e and <u>1985</u>	Feet From The We	est	
	Line of Section 4 To	wnship 11S Range 3	ЗЕ , ммрм,	Lea	County	
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA				
	Name of Authorized Transporter of Oil				of this form is to be sent)	
	AMOCO Pipeline Company Name of Authorized Transporter of Casinghead Gas or Dry Gas		3411 Knoxville Ave: Lubbock, Tex 79413 Address (Give address to which approved copy of this form is to be sent)			
	Warren Petroleum	Corporation Unit Sec. Twp. Rge.	Box 1589; Tulsa, Oklahoma Is gas actually connected? When		ma 73101	
	If well produces oil or liquids, give location of tanks.	N 4 11S 33E	Yes	1-1-6	59	
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA						
1 v .	Designate Type of Completic	Oil Well Gas Well	New Well Workover	Deepen Plug Bo	ack Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	, P.B.T.I	D	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing	Depth	
				Don'th (Depth Casing Shoe	
	Perforations		Deptil	and shoe		
		CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	T	SACKS CEMENT	
			1			
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af able for this de	fter recovery of total volum pth or be for full 24 hours)		be equal to or exceed top allow-	
	OII, WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,			
	Length of Test	Tubing Pressure	Casing Pressure	Choke \$	Size	
		Oil·Bbls.	Water-Bbls.	Gas-M	CF	
	Actual Prod. During Test	OII • Bbis.	ndibi - Dbisi	Gas III.	·.	
,						
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity	of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in) Choke S	Size	
	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED JU	L 9 1971	OMMISSION	
Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.			BY ALCOHOLING			
			TITLE SUI	PERVISOR 1	ISTRICT I	

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 and

181 H (101)

RECEIVED

JUNE 1971

OIL CONSERVATION COMM.