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Ī	DISTRIBUTIO			
}	SANTA FE			
	FILE			
Ī	U.S.G.S.			
Ī	LAND OFFICE			
1.	TRANSPORTER	OIL		
	INANGPORTER	GAS		
	OPERATOR			
	PRORATION OFFICE			

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	DISTRIBUTION	NEW MEXICO OIL CO	NSERVATION COMMISSION	Form C-104				
	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-110				
- 1	FILE		AND STAGE	Effective 1-1-65				
Ì	U.S.G.S.	ALITHODIZATION TO TOAL	NSPORT OIL AND NATURAL GAS					
ŀ	LAND OFFICE	AUTHORIZATION TO TRAI	ASHOR FOR AND MATURAL GAS					
}		1. L. 1.						
İ	TRANSPORTER OIL							
	GAS							
	OPERATOR							
1.	PRORATION OFFICE							
•	Operator							
	Tipperary Resources	Corporation						
	Address							
		Midland, Texas	~ 70701	*				
	500 West Illinois		Other (Please explain)					
	Reason(s) for filing (Check proper box)			6				
	New We!I	Change in Transporter of:	Change in Operat	or name from				
	Recompletion	Oil Dry Gas	🖟 🔛 Stoltz & Company	y, Inc., Midland.				
ļ	Change in Ownership	Casinghead Gas Condens	_					
	If change of ownership give name							
	and address of previous owner							
			0 1					
H.	DESCRIPTION OF WELL AND I	LEASE North Bagles	rmation R-3988 Kind of Lease					
	Lease Name	Well No. Pool Name, Including Fo	fination R-3988 Kind of Lease	Lease No.				
	Lulu	1 Worth Bagley	(Upper Penn) State, Federal or	Fee Fee				
	Location							
		ese South	e and 1985 Feet From The	West				
	Unit Letter N ;	Feet From TheLine	e and Feet From The	11000				
								
	Line of Section 4 Tow	mship 11-S Range	33-E , NMPM, Lea	County				
II.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S					
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved	copy of this form is to be sent)				
	Corrido Dine Line	Company Amaca Pipeline Col	3411 Knoxville Avenue	e, Lubbock, Texas				
	Name of Authorized Transporter of Cas	singhead Gas X or Dry Gas	Address (Give address to which approved					
	i	_		1				
	Warren Petroleum Co		Box 1589, Tulsa, Okla	ariom a				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When					
	give location of tanks.	! N ! 4 115 ! 33E	Yes 1-3	1-69				
	<u> </u>							
		th that from any other lease or pool,	give comminging order number:					
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen F	lug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completion		Transfer Landson					
	Designate Type of Completion							
	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	ubing Depth				
	(22, 1112, 111, 311, 311, 311, 311, 311,	-						
				Depth Casing Shoe				
	Perforations							
		TUBING, CASING, AND	CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
			 					
			<u> </u>					
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil and	must be equal to or exceed top allow-				
٠.	OIL WELL	WETT able 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.)				
	The state of the s	Tubing Pressure	Casing Pressure	Choke Size				
	Length of Test	Tubing Pressure						
				Gas - MCF				
	Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	3d8 - MCF				
	GAS WELL			e.i				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	Actual Prod. Test-MCF/D	Pendut of Leaf						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
. ,	OPPRINGATE OF COURT IAT	CF	OIL CONSERVAT	ION COMMISSION				
VI.	CERTIFICATE OF COMPLIAN	CE	11	4000				
			BARROWER OCT 24	1909				
	I hereby certify that the rules and	regulations of the Oil Conservation	BY Geologist					
	Commission have been complied t	with and that the information given						
	above is true and complete to the	e best of my knowledge and belief.						
	TIPPERARY RESOURCE	s corp.						
			This form is to be filed in compliance with RULE 1104.					

VI.

Bv:	MWKlesser (Signature)	_
	(Signature)	
R. W	. Keener, Vice President	_
	(Title)	

September 25, 1969

(Date)

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 on new and recompleted wells.

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.