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DEPARTMENT	
SUBJECT	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PHONE	

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 Tipperary Oil & Gas Corporation	
Address P. O. Box 3179, Midland, TX 79702	
Reason for change (check proper box)	
New well <input type="checkbox"/>	Change in Transporter of:
Refracturing <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in lease group <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change in ownership give name and address of previous owner

Description of Well and Lease	
Lease Name Amerada Com	Well No. 1
Pool Name, including Formation North Bagley Penn	
Kind of Lease State, Federal or Fee	State E-1442
Lease No. K-3710	
Location	
Section J	1980
Feet From The South	1980
Feet From The East	
Line 28	Township 11S
Range 33E	County Lea

Designation of Transporter of Oil and Natural Gas	
Designate Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Western Crude Oil, Inc.	P. O. Box 1142, Midland, TX 79702
Designate Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Company	P. O. Box 1589, Tulsa, OK 73101
Is gas actually connected? <input checked="" type="checkbox"/>	When 1-1-69

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

Completion Data	
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Test <input type="checkbox"/> Liner Test <input type="checkbox"/> Diff. Restv. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Total Depth	P.B.T.D.
Elevations (DE, RKB, RT, GR, etc.)	Name of Producing Formation
Top Oil/Gas Pay	Tubing Depth
Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 <u>NOV 22 1979</u> , 19	
		Orig. Signed by	
		BY <u>Jerry Sexton</u>	
		TITLE <u>Dist. L. Supv.</u>	
Gloria Hardesty (Signature)		This form is to be filed in compliance with RULE 1104.	
Gloria Hardesty - Production Clerk (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.	
		All sections of this form must be filled out completely for allow-	

11-21-79

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OIL CONSERVATION DIV.