NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

FILE	 .	AND 2	
U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL G	AS
LAND OFFICE	SEPL		
TRANSPORTER OIL			
GAS			
OPERATOR			
PRORATION OFFICE Operator			
Tipperary Resources	Corporation		
Address			
500 West Illinois	Midland, Texas		
Reason(s) for filing (Check proper box)		Other (Please explain)	ter name from
New Well	Change in Transporter of:	Change in Opera	ny, Inc., Midland
Recompletion	Oil Dry Gas	There are the 10-1-	
Change in Ownership	Casinghead Gas Condens	sate FIIECCIVE IO I	05.
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE North Hayle	y- Pennsylvanian mation R. 3988 Kind of Lease	No.
Lease Name	Well No. Pool Name, Including Fo	ermation R. 3988 Kind of Lease	Lease No.
Chaney Federal	1 Worth Pagley	(Lower Penn)State, Federa	Federal 1
Location			NM-05048
Unit Letter L ; 19	80 Feet From The South Line	e and 810 Feet From	The West
Cint Lotte.		_	Country
Line of Section 17 To	wnship 11-S Range	33-E , NMPM, Le	ea County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appro-	ned copy of this form is to be sent)
Name of Authorized Transporter of Oil	or Condensate	Address (Give dadress to which appro	
Service Pipe Line C		3411 Knoxville Avani Address (Give address to which appro	ved copy of this form is to be sent)
Name of Authorized Transporter of Ca	singhedd Gds of Dry Gds		ved copy of this form is to be dead,
Warren Petroleum Co			lahoma
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	1-1-69
give location of tanks.	L 17 11S 33		2 2 03
If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	
COMPLETION DATA			Plug Back Same Res'v. Diff. Res'
D : To of Completi	On (X)	New Well Workover Deepen	, rag Duon
Designate Type of Completi			P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B. 1.D.
			Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	
			Depth Casing Shoe
Perforations			
	TUDING CASING AND	CEMENTING RECORD	
		DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE		
		1 formal man of lead of	l and must be equal to or exceed top allo
. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a able for this di	ifter recovery of total volume of toda on epth or be for full 24 hours)	tand mast be equal to or exceed top govern
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
Date First New Oil Run 10 1 unixs	Batto 01 1000		
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test			
A David Busine Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
Actual Prod. During Test			
CAC WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. 1 est-MOF/D			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
resting Method (phot, ouch pri)			
	NOE	OIL CONSERV	ATION COMMISSION
I. CERTIFICATE OF COMPLIA	NCE	11	
	and the second s		<u>24 1969</u> , 19
	i regulations of the Oil Conservation with and that the information given		Russ
	with and that the information given he best of my knowledge and belief.		Jungan
TIPPERARY RESOURCE	S CORPORATION	TITLE	
	, 1	This form is to be filed in	compliance with RULE 1104.
By: ((, (U),	Keener		
(Si,	gnature)	well, this form must be accomp	panied by a tabulation of the deviat ordance with RULE 111.
R. W. Keener, Vice	President	All seations of this form t	nust be filled out completely for allo

able 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.

(Title)

September 25, 1969