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SANTA FE			
FILE			
U.\$.G.\$.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE		<u> </u>	<u> </u>

	SANTA FE FILE		ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-1 Eliective 1-1-65		
	U.S.G.S.  LAND OFFICE  TRANSPORTER  GAS  OPERATOR	GAS				
I.	PRORATION OFFICE Operator		· · · · · · · · · · · · · · · · · · ·			
	IPPERARY OIL AND GAS CORPORATION					
	500 WEST ILLINOIS, I Reason(s) for filing (Check proper box)			hange in Operator		
	New We!!  Recompletion  Change in Ownership	Change in Transporter of: Oil Dry Gar Casinghead Gas Conden	name from Tip	perary Corporation.		
	If change of ownership give name and address of previous owner		:30	······································		
II.	DESCRIPTION OF WELL AND I	LEASE   Well No.; Poc. Name, Inc. ading Fo	ermation Kind of Lea	50		
	Lease Name Nellie	1 North Bagley		.50000		
	Location Unit Letter A ; 660	Feet From The North Line	e and 660 Feet From	The East		
	Line of Section 32 Tow	riship 11S Range	33E , NMPM,	I.ea County		
m.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of CH AMOCO PIPELINE COMPA	X or Condensate	s   2300 Continental N   Fort Worth, Texas	oved copy of this form is to be sent; at 1 Dank Bldg.		
	Name of Authorized Transporter of Cas	inghead Gas X or Dry Gas	Address (Give address to which appropriate O. Box 1589, Tu	oved copy of this form is to be sent)		
	WARREN PETROLEUM CON  If well produces oil or liquids, give location of tanks.	DANY	Is gas actually connected?			
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,				
	Designate Type of Completio	n = (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty, Diff. Resty		
	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		
	HOLE SIZE	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT		
	NOLE SIZE	0.000.00 0.000				
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be of	fter recovery of total volume of load of	l and must be equal to or exceed top allow		
	OIL WEIL  Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours;  Producing Method (Flow, pump, gas )	ift, etc.)		
	Length of Test	Tubing Pressure	Casing Preseure	Choke Size		
	Actual Prod. During Test	Cil-Bbis.	Water-Bois.	Gas-MCF		
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Concensate/MMCF	Gravity of Condensate		
•	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI. CERTIFICATE OF COMPLIANCE		CE	en			
	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.					
	Gloria D	Horia Glandesty  This form is to be filed in compliance with RUL  If this is a request for allowable for a newly dril  well this form must be accompanied by a tabulation		compliance with RULE 1104, wable for a newly drilled or deepen- anied by a tabulation of the deviation		
	Gloria Hardesty - Production Clerk  (Title)  May 20, 1974		tests taken on the well in accordance with MULE 111.  All sections of this form must be filled out completely for alloable on new and recompleted wells.  Fill out only Sections I. II. III. and VI for changes of owns			

(Date)

well name or number, or transporter, or other such change of condition.

Secureta Forms C-104 must be filed for each pool in multiple.