B.	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-114 Elfective 1-1-65
	TIPPERARY OIL AND GAS CORPORATION			
	Address 500 WEST ILLINOIS, MIDLAND, TEXAŠ 79701			
	Reason(s) for filing (Check proper box) Other (Please explain) Change in Operator New We!1 Change in Transporter of: Name from Tipperary Corporation. Recompletion Other (Please explain) Change in Operator Change in Ownership Casinghead Gas Condensate Effective 6-1-74			
	If change of ownership give name and address of previous owner		<u></u>	· · · · · · · · · · · · · · · · · · ·
	DESCRIPTION OF WELL AND LEASE			
	Lease Name	Well No. Pool Name, including Fo		tr Fee State K-3985
	Vera Location	1 North Bagley	Feini	· · · · · · · · · · · · · · · · · · ·
	Unit Letter E : 1980 Feet From The North Line and 810 Feet From The West			
	Line of Section 32 Township 11S Range 33E , NMPM, Lea County			
111	ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
	Name of Authorized Transporter of Ci.	X or Condensate	2300 Continental Nat Fort Worth, Texas 7	d copy of this form is to be sent) L Bank Bldg.
	AMOCO PIPELINE COMPA	Inghead Gas 🗶 or Dry Gas 🔄	HOTT WOTTN, TEXAS / Address (Give address to which approve	a copy of this form is to be sent)
	WARREN PETROLEUM COM	IPANY	P. O. Box 1589, Tuls Is gas actually connected? When	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Eqe. E 32 115 33E	Yes	1-1-69
	If this production is commingled wit		give commingling order number:	
IV.	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res Designate Type of Completion - (X) Image: Completion -			
	Designate Type of Completio Date Spuzded	Date Compl. Ready to Frod.	Total Depth	P.B.T.D.
				Tubing Depth
	Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	
	Perforations			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			· · · · · · · · · · · · · · · · · · ·	
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depits or be for full 24 hours)			
	OIL WELL Date First New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	, e:c.j
	I make of Tant	Tubing Pressure	Casing Pressure	Choke Size
	Length of Test			- Gas-MCF
	Actual Prod. During Test	CII-Bbis.	Water - Bbls.	Gas - NOF
	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
	testing Meriod (prior, ouch pri)			
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 28 197.4.	
			TITLE	
	Alorice Hardesty		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.	
	Gloria Hardesty - 1 (Tu		All sections of this form must be filled out completely for sllow- 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 condit' Separate Forms C-104 must be filed for each pool in multiple consistent wells.	
	May 20, 1974	ite)		