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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

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-11
Effective 1-1-65

I. Operator
Tipperary Oil & Gas Corporation
Address
P. O. Box 3179, Midland, TX 79702
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|--|-----------------|
| Lease Name Bess | Well No. 2 | Pool Name, Including Formation North Bagley Permo Penn | Kind of Lease State, Federal or Fee Fee | Lease No. -- |
| Location Unit Letter A 660 Feet From The North Line and 660 Feet From The East Line of Section 20 Township 11S Range 33E, NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|---|------------|-------------|-------------|-----------------------------------|----------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Pipeline Company | Address (Give address to which approved copy of this form is to be sent) 200 W. 7th, Suite 2300, Ft. Worth, TX 76102 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation | Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Okla. 74102 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit A | Sec. 20 | Twp. 11S | Rge. 33E | Is gas actually connected? Yes | When 5-9-84 |

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

IV. COMPLETION DATA

| | | | | | | | | |
|---|--|-----------------------------------|--|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| Designate Type of Completion - (X) | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Res'v. <input type="checkbox"/> | Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 1-29-84 | Date Compl. Ready to Prod. 4-3-84 | | Total Depth 10,825' | | P.B.T.D. 10,778' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4300' RKB | Name of Producing Formation Permo Penn | | Top Oil/Gas Pay 10,670' | | Tubing Depth 10,347' | | | |
| Perforations 10,670'-10,688' | | | | | Depth Casing Shoe 10,825' | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17-1/2" | 13-3/8" | | 350' | | 375 | | | |
| 12-1/4" | 8-5/8" | | 3750' | | 1325 | | | |
| 7-7/8" | 5-1/2" | | 10825' | | 1265 | | | |
| | 2-3/8" | | 10347' | | | | | |

V. 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)

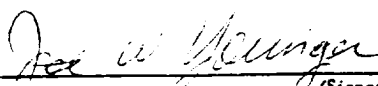
| | | | |
|--|----------------------------|---|----------------------|
| Date First New Oil Run To Tanks 4-03-84 | Date of Test 7-16-84 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 hrs | Tubing Pressure 360 psi | Casing Pressure Pkr | Choke Size 24/64" |
| Actual Prod. During Test | Oil-Bbls. 93 | Water-Bbls. 1 | Gas-MCF 825 |

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

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.


(Signature)
Production Operations Manager
(Title)

OIL CONSERVATION COMMISSION
APPROVED JUL 20 1984, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
TITLE

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.
All sections of this form must be filled out completely for allow-

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JUL 19 1984

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