1.	DISTRIBUTION DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE XX I RANSPORTER OIL GAS OPERATOR PROBATION OPERIO	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL (Form C-104 Supersedes Old C-106 and C-1 Effective 1-1-65 GAS	
	Tipperary Oil & Gas Corporation				
	Address P. O. Box 3179, Midland, TX 79702				
	Reason(s) for filing (Check proper box New We 1 Recompletion Charge in it witership) Change in Transporter of: Oil Dry Ga Casinghead Gas Conder	🖻 📃 🛛 DATE OF CONNECT	ATHERER OF GAS AND TION	
	If change of ownership give name and address of previous owner				
81	DESCRIPTION OF WELL AND				
•••	Lease dime Monsanto 30 State	Well No. Pool Name, Including F		Lease No.	
	Location	1 Lovington Padd	······································	lor Fee State V-603	
	Unit Letter 0 ; 66	0Feet From The South Lin	e and 1980 Feet From 1	rheEast	
	Line of Section 30 Tov	vnehtp 16S Range 37	E , NMPM, Lea	County	
11.	DESIGNATION OF TRANSPORT	FER OF OIL AND NATURAL GA	S		
	Name of Authorized Transporter of Oil XX or Condensate Lantern Petroleum Corp.		Address (Give address to which approved copy of this form is to be sent) P.O.BOX 2281, Midland, TX 79702 Address (Give address to which approved copy of this form is to be sent)		
	Phillips Petroleum		4001 Pembrook, Odessa, TX 79761		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. 0 30 16S 37E	Is gas actually connected? Whe Yes	11-9-84	
	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
	Evate 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				
			CEMENTING RECORD	T	
	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 depth or be for full 24 hours)				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	(t, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
	GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Presewre (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	. 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.		OIL CONSERVATION COMMISSION DEC 1 8 1994 BY ORIGINAL AND		
	Signature)		If this is a request for sllow well this form must be accompa	vable for a newly drilled or deepener nied by a tabulation of the deviation	
	Production Clerk		tests taken on the well in accor	dance with RULE 111. st be filled out completely for allow	
	(Tu	le)	If the on the second second and the		