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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-110
Effective 1-1-65

| | |
|--|---|
| Operator Stoltz & Company - Clark | |
| Address c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|----------------------------|----------------------|--|---|-------------------------------|
| Lease Name Dolly | Well No. 1 | Pool Name, Including Formation North Bagley Lower Penn | Kind of Lease State, Federal or Fee Federal | Lease No. NM-072477 |
| Location | | | | |
| Unit Letter J | 1980 | Feet From The South | Line and 1980 | Feet From The East |
| Line of Section 17 | Township 11 S | Range 33 E | , 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"/> Admiral Grade Oil Corporation | Address (Give address to which approved copy of this form is to be sent) Box 1713, Midland, Texas | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None | Address (Give address to which approved copy of this form is to be sent) | |
| If well produces oil or liquids, give location of tanks. | Unit J | Sec. 17 |
| | Twp. 11S | Rge. 33E |
| | Is gas actually connected? No | When |

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 | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 12/21/67 | Date Compl. Ready to Prod. 1/27/68 | | Total Depth 10,300 | | P.B.T.D. 10,232 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4320 KB | Name of Producing Formation Lower Penn | | Top Oil/Gas Pay 10,018 | | Tubing Depth 9973 | | | |
| Perforations 10,018-20, 10,056-58, 10,066-68, 10,084-86, 10,117-19, 10,147-49 | | 10,179-81, 10,204-06 | | JUR Depth Casing Shoe 10,300 | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17 | 13 3/8 | | 383 | | 400 | | | |
| 10 3/4 | 8 5/8 | | 3722 | | 220 | | | |
| 7 7/8 | 4 1/2 | | 10,300 | | 550 | | | |
| | 2 3/8 | | 9973 | | | | | |

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 1/27/68 | Date of Test 1/28-29/68 | Producing Method (Flow, pump, gas lift, etc.) Flow | |
| Length of Test 24 hrs | Tubing Pressure 400# | Casing Pressure Pkr | Choke Size 42/64 |
| Actual Prod. During Test 1142 | Oil - Bbls. 342 | Water - Bbls. 800 | Gas - MCF 397 |

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.

Ronnie Kille
(Signature)

Agent

(Title)

January 29, 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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 allowable 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.