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| | GAS |
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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

I. Operator
Stoltz & Company
 Address
P. O. Box 17214, Midland, Texas

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)
Also to designate transporter of casinghead gas.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Wanda** Well No. **1** Pool Name, including Formation **North Bagley-Pennsylvanian R-3488** Kind of Lease **State** Lease No. **K-4478**
~~Lea Undesignated Group 7-A~~ State, Federal or Fee **State**

Location
 Unit Letter **J** **1980** Feet From The **South** Line and **1980** Feet From The **East**
 Line of Section **32** Township **11-S** Range **33-E**, NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Service Pipe Line Company Address (Give address to which approved copy of this form is to be sent)
3411 Knoxville Avenue, Lubbock, Texas

Name of Authorized Transporter of Casinghead Gas or Dry Gas
Warren Petroleum Corporation Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1589, Tulsa, Oklahoma

If well produces oil or liquids, give location of tanks. Unit **J** Sec. **32** Twp. **11S** Rge. **33E** Is gas actually connected? **Yes** When **December, 1968**

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| 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 | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

| | | | |
|-----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitots, 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.

R. Busby
 (Signature)

Agent
 (Title)

January 22, 1969
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____ 19____
 BY *[Signature]*
 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.