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U.S.G.S.	
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

I. Operator **Stallworth Oil & Gas**

Address **407 West Missouri Avenue, Midland, Texas 79701**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	PLACED AFTER 7/4/74
		Dry Gas	<input type="checkbox"/>	ON AN APPLICATION TO R-4070
		Condensate	<input type="checkbox"/>	IN OIL FIELD

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cities-State	Well No. 1	Pool Name, Including Formation Undesignated	Kind of Lease State, Federal or Fee State	Lease No. K-5775
Location Unit Letter D ; 860 Feet From The West Line and 760 Feet From The North				
Line of Section 11 Township 9-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"/> Mobil Oil Corporation (Trucks)	Address (Give address to which approved copy of this form is to be sent) Box 900, Dallas, Texas 75221			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma 74102			
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 11	Twp. 9-S	Rge. 33-E
	Is gas actually connected?		When	
	No		----	

If this production is commingled with that from any other lease or pool, give commingling order number: **Not commingled**

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'tv.	<input type="checkbox"/> Diff. Res'tv.
Date Spudded 1-24-74	Date Compl. Ready to Prod. 5-3-74		Total Depth 9606'		P.B.T.D. 9584' (9575' Logger)			
Elevations (DF, RKB, RT, GR, etc.) 4356' GL, 4368' KB	Name of Producing Formation Bough "C"		Top Oil/Gas Pay 9532'		Tubing Depth 9419'			
Perforations 9535-9558' (23' with 2 shots per foot)					Depth Casing Shoe 9605'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
7-1/2"	12-3/4"		422'		400 sx (circ. cmt.)			
12"	9-5/8"		3876'		400 sx (top @ 2550)			
8-1/2"	7"		9605'		500 sx (top @ 7850)			
7" casing (6.094")	2-7/8"		9419'		Set on packer			

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 5-4-74	Date of Test 5-6-74	Producing Method (Flow, pump, gas lift, etc.) 2-1/2" x 1-3/4" Free hydraulic pump	
Length of Test 24 hours	Tubing Pressure 4000	Casing Pressure 50	Choke Size None
Actual Prod. During Test	Oil - Bbls. 405	Water - Bbls. 1200	Gas - MCF 245

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.

Murray C. Helmers
(Signature)

Production Manager

(Title)

May 7, 1974

(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.