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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, Wagner & Brown**
Address **P. O. Box 1714, Midland, Texas 79701**
Reasons for filing (check proper box) ☐ New Well ☐ Recommission ☒ Change in ownership ☐ Change in transporter
Change in transporter (check proper box) ☐ Oil ☐ Gas ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate ☐
Other (Please explain) **Transporter of oil incorrectly designated on previous Form C-104.**

If change in ownership give name and address of previous owner **Featherstone Development Corp.**

II. DESCRIPTION OF WELL AND LEASE

| | | | | | |
|--|-------------------|---|--|----------------|-----------|
| Lease Tenneco Fee | Well No. 1 | Pool Name, Including Formation Morton Permo Penn North | Kind of Lease State, Federal or Fee | Fee Fee | Lease No. |
| Location J 19-1 Feet From The 2 Line and 1-1 Feet From The 5 | | | | | |
| Location 31 Township 14-South Range 35-East , 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 Pipe Line Company | Address (Give address to which approved copy of this form is to be sent) 2300 Continental Nat'l Bank Bldg., Ft. Worth, Tex. 76102 | | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Tipperary Corporation | Address (Give address to which approved copy of this form is to be sent) 500 W. Illinois, Midland, Texas 79701 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit J | Sec. 31 | Twp. 14S | Rge. 35E | Is gas actually connected? Yes When Unknown |

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 Resrv. | Diff. Resrv. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | | | P.B.T.D. | | | | |
| Elevations (DE, 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)

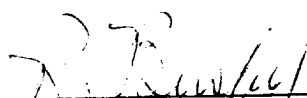
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water -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

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (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)
Agent
(Title)

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 allow-