

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

10. OF COPIES RECEIVED	
DISTRIBUTION	
ANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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 Queen Com	Well No. 1	Pool Name, including Formation North Bagley Lower Penn	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter L	1980	Feet From The South Line and 660	Feet From The West	
Line of Section 20	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"/>	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) None	
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 20
	Twp. 11 S	Rge. 33 E
	Is gas actually connected? No	

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 6/28/68	Date Compl. Ready to Prod. 8/3/68		Total Depth 10,350		P.B.T.D. 10,345			
Elevations (DF, RKB, RT, GR, etc.) 4318 KB	Name of Producing Formation Lower Penn		Top Oil/Gas Pay 10,076		Tubing Depth 9800			
Perforations 10,076-78, 10,111-13, 10,135-36, 10,196-98, 10,230-31, 10,254-56					Depth Casing Shoe 10,350			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17	13 3/8		350		400			
11	8 5/8		3735		200			
7 7/8	4 1/2		10,350		500			
	2 3/8		9800					

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 8/3/68	Date of Test 8/6-7/68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 400#	Casing Pressure Pkr	Choke Size 1/2"
Actual Prod. During Test 1398	Oil-Bbls. 838	Water-Bbls. 560	Gas-MCF 1022

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.

H. L. Smith
(Signature)

Agent
(Title)

8/8/68
(Date)

OIL CONSERVATION COMMISSION

APPROVED

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.