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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

Operator: **Deane H. Stoltz**

Address: **c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf State	Well No. 1	Pool Name, including Formation N. Bagley Upper Penn	Kind of Lease State, Federal or Fee State
Location			
Unit Letter D	660 Feet From The North Line and 660 Feet From The West		
Line of Section 22	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"/> Pan American Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1725, 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 D	Sec. 22	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 <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 4/10/65	Date Comp. Ready to Prod. 6/3/65		Total Depth 10,107		P.B.T.D. 10,055			
Pool N. Bagley	Name of Producing Formation Upper Penn		Top Oil/Gas Pay 9338		Tubing Depth 9200			
Perforations 9338-40; 9399-9401; 9478-80					Depth Casing Shoe 10,105			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	10 3/4		345		300			
9 3/4	7 5/8		3750		200			
6 3/4	4 1/2		10,105		330			
	2 3/8		9200					

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 6/3/65	Date of Test 6/3 - 6/4/65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 420#	Casing Pressure Pkr	Choke Size 18/64"
Actual Prod. During Test 256	Oil - Bbls. 230	Water - Bbls. 26	Gas - MCF 276

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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)

June 9, 1965
(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 Sections I, II, III, and VI only 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.

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ATTACHMENT
OIL CONSERVATION COMMISSION FORM C-104

DEVIATION SURVEYS

Operator: **Deane H. Stelts**

Lease & Well No: **Gulf State No. 1**

Location: **Unit D, Sec. 22, T11S, R33E**

<u>Depth</u>	<u>Degrees</u>	<u>Depth</u>	<u>Degrees</u>
300	1/2	8470	1 1/4
600	1/4	8515	1 1/2
1300	1/2	9120	1 1/2
2730	1/2	9215	1
3060	3/4	9515	1
3280	1	9830	1
3700	1	9965	1 1/2
4250	1/2	10100	1/4
4960	1 1/2		
5520	1		
5800	3/4		
6450	3/4		
7130	3/4		
7430	1		
7620	3/4		
8000	1		

I do hereby certify that the above information was
furnished by Mr. Cyril Wagner with Deane H. Stelts

and is true and complete to the best of my knowledge.

A. L. Smith

Subscribed and sworn to before me this 9th day
of June, 19 65.

A. L. Smith
Notary Public in and for
Lea County, New Mexico

My commission expires 12/20/65.