

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

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

I. OPERATOR

Operator **Stoltz, Wagner & Brown**

Address **P. O. Box 1714, Midland, Texas 79701**

Reason for Request (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Other (Please explain) **We purchased this well to use as a salt water disposal well. (Approved at hearing on 6/7/72, Case #4730, Docket #12-72.)**

Reopening ☐ Casinghead Gas ☐ Condensate ☐

Change of Ownership ☒

If change of ownership, give name and address of previous owner **Cities Service Oil Company, Bartlesville, Oklahoma**

II. DESCRIPTION OF WELL AND LEASE

Lease	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
<b>Soldier Hill State AE</b>	<b>1</b>	<b>East Caprock Devonian</b>	State, Federal or Fee <b>State</b>	<b>B-9948</b>
Location				
Section <b>C</b> : <b>800</b> Feet From The <b>North</b> Line and <b>1800</b> Feet From The <b>West</b>				
Range <b>23</b> Township <b>12-South</b> Range <b>12-East</b> , NMPM, <b>Lea</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>None</b>						
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)					
<b>None</b>						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Elevation (D., R.B.B., RT, CR, 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.

**R. Busby**  
(Signature)  
**Agent**  
(Title)

OIL CONSERVATION COMMISSION

APPROVED **OCT 13 1972**, 19  
BY **Joe D. Ramey**  
Dist. 1, Supv.  
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.

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