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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
Deane H. Stolts

Address
c/o Oil Reports and Gas Services, Box 763, Hobbs, New Mexico

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

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hisson State A	Well No. 1	Pool Name, Including Formation Undes. (N. Bagley Upper Penn)	Kind of Lease State, Federal or Fee State
Location Unit Letter I ; 2086 Feet From The South Line and 554 Feet From The East Line of Section 9 , 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 Corporation	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 I	Sec. 9	Twp. 11 S	Rge. 33 E	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	New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen. <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'tv. <input type="checkbox"/> Diff. Res'tv. <input type="checkbox"/>	
Date Spudded Re-entered 5/1/65	Date Compl. Ready to Prod. 5/8/65	Total Depth 10,217	P.B.T.D. 10,179
Pool Undes. (North Bagley)	Name of Producing Formation Upper Penn	Top Oil/Gas Pay 9387	Tubing Depth 9327
Perforations 9387-89; 9509-11; 9525-27; 9658-60; 9696-98			Depth Casing Shoe 10,214
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	325	325
11	8 5/8	3740	250
7 7/8	4 1/2	10,214	465
	2 3/8	9327	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 5/8/65	Date of Test 5/8 to 5/9/65	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 640#	Casing Pressure Packer	Choke Size 24/64"
Actual Prod. During Test 373 bbls fluid	Oil - Bbls. 205	Water - Bbls. 168	Gas - MCF 193

GAS WELL **Treated with 10,000 gal 15% reg. acid.**

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.

A. L. Smith
(Signature)
Agent
(Title)
5/12/65
(Date)

OIL CONSERVATION COMMISSION
APPROVED **MAY 12 1965**, 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.