NO. OF COPIES REC	EIVED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		L	
PROPATION OFFICE		ļ	l

September 21, 1966
(Date)

## NEW MEXICO OIL CONSERVATION COMMISS.

Form C-104

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
	FILE	4	AND	1. C. C.
-	U.S.G.S.	AUTHORIZATION TO TRA		
-	LAND OFFICE	-	der 21	9 11 166
1	TRANSPORTER OIL	4		
-	OPERATOR GAS	1		
.	PRORATION OFFICE	-		
*	Operator			
	Stolts & Compa	ny		
	Address	and Committee Box 76	2 Unbbs New Marries	
		s & Gas Services, Box 76	Other (Please explain	
Ì	Reason(s) for filing (Check proper box	) Change in Transporter of:	Other (1 tease explain	7
	New Well	Oil Dry Ga		
	Recompletion  Change in Ownership	Casinghead Gas Conder	<b>=</b> 1	
L	Change in Ownership			
	If change of ownership give name			
•	and address of previous owner			
II.	DESCRIPTION OF WELL AND	LEASE		C No
	Lease Name	Well No. Pool Name, Including F	1	f Lease No. Lease No.
	Bell	3 N. Bagley Up	per Penn State,	Federal or Fee Fee
	Location		446	Po ab
	Unit Letter ;	Feet From The North Lin	ne and <u>660</u> Feet	From The
	Line of Section 21 To	wnship 115 Range	33 E , NMPM,	Lea County
i	Line of Section 25 To	wnship II 3 Range	7	
111	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	<b></b>	
111.	Name of Authorized Transporter of Oil	or Condensate	Address (Give dadress to which	approved copy of this form is to be sent)
	Service Pipe Line C	company	3411 Knoxville A	renue, Lubbock, Texas
	Name of Authorized Transporter of Ca	singhead Gas 🔀 or Dry Gas 🦳	ı	approved copy of this form is to be sent)
	Warren Petroleum Co		Box 1589, Tulsa,	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When 9/19/66
	give location of tanks.	H 21 118 33E	Yes	
	If this production is commingled wi	ith that from any other lease or pool,	give commingling order number	er:
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Dee	
	Designate Type of Completi			x x
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spudded	9/19/66	10,200	9680
	7/17/66 Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay	Tubing Depth
	4276 KB	Upper Penn	9444	9580
	Perforations			Depti. Casing Shoe
	9444-50; 9592-94			10,198
			D CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	350
	1.5	13 3/8	360	200
	10 3/4	8 5/8	3750	425
	7 7/8	4 1/2		
			OEGO	
		2 3/8	9580	and ail and must be equal to or exceed top allow-
V.	TEST DATA AND REQUEST F	2 3/8	after recovery of total volume of lepth or be for full 24 hours)	
V.	TEST DATA AND REQUEST F	2 3/8	9580 after recovery of total volume of l	
V.	TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks	2 3/8 FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of lepth or be for full 24 hours)  Producing Method (Flow, pump	, gas lift, etc.)
V.	TEST DATA AND REQUEST F	Tubing Pressure  2 3/8  (Test must be able for this description of the	after recovery of total volume of lepth or be for full 24 hours)  Producing Method (Flow, pump	Choke Size
V.	TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  9/19/66  Length of Test  24 hours	Torrest  Date of Test  9/19-20/66	after recovery of total volume of lepth or be for full 24 hours)  Producing Method (Flow, pump Pump Casing Pressure	Choke Size
V.	TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks 9/19/66  Length of Test 24 hours  Actual Prod. During Test	2 3/8  FOR ALLOWABLE (Test must be able for this d  Date of Test  9/19-20/66  Tubing Pressure  50#  Oil-Bbls.	after recovery of total volume of lepth or be for full 24 hours)  Producing Method (Flow, pump Pump  Casing Pressure  Water-Bbls.	Choke Size  Gas-MCF
V.	TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  9/19/66  Length of Test  24 hours	2 3/8 FOR ALLOWABLE (Test must be able for this d Date of Test 9/19-20/66 Tubing Pressure 50#	after recovery of total volume of lepth or be for full 24 hours)  Producing Method (Flow, pump Pump Casing Pressure	Choke Size
V.	TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks 9/19/66  Length of Test 24 hours  Actual Prod. During Test 440 bbls fluid	2 3/8  FOR ALLOWABLE (Test must be able for this d  Date of Test  9/19-20/66  Tubing Pressure  50#  Oil-Bbls.	after recovery of total volume of lepth or be for full 24 hours)  Producing Method (Flow, pump Pump  Casing Pressure  Water-Bbls.	Choke Size  Gas-MCF
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<b>V</b> .	TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  9/19/66  Length of Test  24 hours  Actual Prod. During Test  440 bbls fluid  GAS WELL  Actual Prod. Test-MCF/D	2 3/8  FOR ALLOWABLE (Test must be able for this described for this de	after recovery of total volume of lepth or be for full 24 hours)  Producing Method (Flow, pump Pump  Casing Pressure  Water-Bbls.	Choke Size  Gas-MCF  303
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	TEST DATA AND REQUEST FOIL WELL  Date First New Oil Run To Tanks  9/19/66  Length of Test  24 hours  Actual Prod. During Test  440 bbls fluid  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIANT  I hereby certify that the rules and Commission have been complied above is true and complete to the second	Date of Test  9/19-20/66  Tubing Pressure  50#  Oil-Bbls.  Tubing Pressure (shut-in)  NCE	giser recovery of total volume of lepth or be for full 24 hours)  Producing Method (Flow, pump Pump  Casing Pressure  Water-Bbls.  205  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)  OIL CONS  APPROVED  TITLE  This form is to be fill this is a request f	Choke Size  Gas-MCF  303  Gravity of Condensate  Choke Size  Choke Size  ERVATION COMMISSION  , 19  led in compliance with RULE 1104.  or allowable for a newly drilled or deepened companied by a tabulation of the deviation
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able on new and recompleted wells. able 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.