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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

D. C. C.
 REPORT 9-13 AM '68

I. OPERATOR

Operator: **Stolts & Company**

Address: **c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico 88240**

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain):

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **Gall** Well No.: **1** Pool Name, Including Formation: **N Bagley Lower Penn** Kind of Lease: **Fee** Lease No.:

Location:
 Unit Letter: **L** ; **1980** Feet From The **South** Line and **660** Feet From The **West**
 Line of Section: **28** Township: **11S** Range: **33E** , NMPM, **Lee** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Service Pipe Line Company Address (Give address to which approved copy of this form is to be sent): **3411 Knoxville Ave., Lubbock, Texas**

Name of Authorized Transporter of Casinghead Gas or Dry Gas
Warren Petroleum Corporation Address (Give address to which approved copy of this form is to be sent): **Box 1589, Tulsa, Oklahoma**

If well produces oil or liquids, give location of tanks. Unit: **L** Sec.: **28** Twp.: **11S** Rge.: **33E** Is gas actually connected? **Yes** When: **3/29/68**

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	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v.	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded: 2/2/68	Date Compl. Ready to Prod.: 5/10/68	Total Depth: 10,250	P.B.T.D.: 10,180					
Elevations (DF, RKB, RT, GR, etc.): 4290 KB	Name of Producing Formation: Lower Penn	Top Oil/Gas Pay: 9772	Tubing Depth: 9740					
Perforations: 9772-74, 9970-72, 9995-96, 10,040-42, 10,102-04						Depth Casing Shoe: 10,250		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	330	400
11	8 5/8	3735	200
7 7/8	4 1/2	10,250	530
	2 3/8	9740	

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: 3/10/68	Date of Test: 5/10-11/68	Producing Method (Flow, pump, gas lift, etc.): Flow	
Length of Test: 24 hrs	Tubing Pressure: 2004	Casing Pressure: 1100	Choke Size: 3/4"
Actual Prod. During Test: 766	Oil - Bbls.: 383	Water - Bbls.: 383	Gas - MCF: 467

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.

A. L. Smith
 (Signature)
 Agent (Title)
 5/13/68 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY **John W. Runyan**
 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.