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S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COM SION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

RECEIVED

DEC 11 1973

I. Operator **HAL M. STIERWALT** ✓
Address **P.O. Box 698, ROSWELL, NEW MEXICO 88201**
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒
Other (Please explain) **CHANGE IN WELL NAME & TANK LOCATION OLD NAME; TAYLOR FEDERAL NO. 6**
If change of ownership give name and address of previous owner: **SOUTHERN UNION PRODUCTION CO., DALLAS, TEXAS**

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
SOUTHERN UNION FED.	8	WEST HENSHAW, GRAYBURG	State, Federal or Fee FED. NM	06407A
Location				
Unit Letter M	4642	Feet From The NORTH Line and 660	Feet From The WEST	
Line of Section 1	Township 16-S	Range 30-E	NMPM, EDDY	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"/>	Address (Give address to which approved copy of this form is to be sent)
NAYANO CRUDE OIL PURCHASING CO.	Box 175, ARTESIA, N. M. 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
CONTINENTAL OIL CO.	Box 2197, HOUSTON, TEXAS 77001
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit K Sec. 16-S Twp. 30-E Rge. 1	YES 1961

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 Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, 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.

Hal M. Stierwalt
(Signature)
(Title)
12-7-73
(Date)

OIL CONSERVATION COMMISSION
DEC 12 1973

APPROVED _____, 19____
BY W. A. Grissett
TITLE OIL AND GAS INSPECTOR

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.