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SANTA FE		1		
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U.S.G.S.		<u> </u>		
LAND OFFICE		<u> </u>		
IRANSPORTER	OIL	./_		
	GAS			
OPERATOR		10		

Form C-104

	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
}	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	.s		
				EIVED		
	TRANSPORTER GAS GAS					
OPERATOR NOV 1 2 1975			1 2 1975			
1. Operator						
	STALLWORTH OIL & GA	is, inc. /	ARTESIA, OFFICE			
:	407 West Missouri,	Midland, Texas 7970	Other (Please explain)			
	Reason(s) for filing (Check proper box) New Well Change in Transporter of: Change in operator's name.					
	Recompletion	Oil Dry Gas	⊨ Effective Dat	e: 10-1-75		
	Change in Ownership	Casinghead Gas Condens				
	If change of ownership give name (and address of previous owner	Operator's name chang	ged from: Stallwort	h Oil & Gas		
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Kind of Lease						
	or Fee Federal 029424					
	Location J 198	Ro South	San Andres) 1980 Feet From T	East		
	Unit Letter;	Feet From The				
	Line of Section 25 Tow	nship 16-S Range	30-Е , ммрм,	Eddy County		
	TRANSBORT	CEP OF OIL AND NATURAL GA	S			
111.	Name of Authorized Transporter of Oil	Ar Condensate	or Condensate Address (Give address to which approved copy of this form is to be sent)			
	The Permian Corpora	Inghead Gas 🛣 or Dry Gas 🗔	on P. O. Box 1183, Houston, Texas 77001 and Gas (S) or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
	Name of Authorized Transporter of Cas					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n		
	give location of tanks. J 25 105 30L 100 If this production is commingled with that from any other lease or pool, give commingling order number:					
ĮV.	If this production is commingled with COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completion	on - (X)	1			
	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		
				Depth Casing Shoe		
Perforations						
			CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			
•						
	THE DATA AND PROJECT F	and must be equal to or exceed top allow:				
V	able for this depth or be for jult 24 hours)					
	Date First New Oil Run To Tanks	Date of Leaf		Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	Chois 3126		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF		
	Actual Prod. Burning 1001					
	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		
	resting Method (photo) document		OIL CONSERV	TION COMMISSION		
V	I. CERTIFICATE OF COMPLIAN	CE	NO/	ATION COMMISSION		
			APPROVED 1	1 V		
	Commission have been complete to the	with and that the information given e best of my knowledge and belief.	BY_ N. G. Dresset			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		TITLE SUPERVISOR, DESERVED IA			
		10.	This form is to be filed in compliance with RULE 1104.			
	/-		11			

Mary Won
(Bignature)
Production Clerk

November 7, 1975

(Date)

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