NO. OF COPIES REC	4		
DISTRIBUTI			
SANTA FE	1		
FILE	1	-	
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	G AS		
OPERATOR	20		
		1	

VI.

## NEW MEXICO OIL CONSERVATION CO.... SSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

	LAND OFFICE						<i>57.10</i>	•
	IRANSPORTER GAS		•			051	EIVED	
	OPERATOR (2)					K E. L		
I.	Operator		<del> </del>			יחא	<u> 1 2 <b>1975</b> </u>	
	STALLWORTH OIL 8	⊊ GAS, INC. ₽						
	407 West Missour	ri, Midland, T	exas 79	701		_	). C. C. SIA, OFFICE	
	Reason(s) for filing (Check proper b	Change in Transpo			Other (Pleas			
	Recompletion	Oil [	Dry C	Gas 🔲			rator's name	€.
	Change in Ownership	Casinghead Gas	Cond	ensate	Lileci		e: 10-1-75	
	If change of ownership give name and address of previous owner	Operator's	name ch	anged	from:	Stallwo	rth Oil & Ga	a <b>s</b>
	•	W - 1.1				ion Wel		
11.	DESCRIPTION OF WELL AND	Well No. Pool Nar	me, Including	Formation		Kind of Leas		Lease No.
	Etz	₩ 5 Squa	<u>re Lake</u>			State, Feder	Federa	029424
	l .	Feet From The	South ,		Andres) 2630	) Feet From	<sub>rh</sub> East	
		16.6					The	
	Line of Section 25	Township 10-5	Range	30-E	, NMPI	м,	Eddy	County
III.	DESIGNATION OF TRANSPOR				(Cina add	to other to the	ved copy of this form is	
	NONE			7134.633	othe address	го шитен аррго	vea copy of this form is	to be sent)
	Name of Authorized Transporter of C NONE	Casinghead Gas or Dr	y Gas	Address (	Give address	to which appro	ved copy of this form is	to be sent)
	If well produces oil or liquids,	Unit Sec. Twr	n. Pge.	ls gas ac	tually connect	ted? Wh	en	
i	give location of tanks.	1 1 1				 		-
	If this production is commingled w COMPLETION DATA	with that from any other le	ease or pool,	give comm	ingling orde	r number:		1
	Designate Type of Complet	ion - (X)	Gas Well	New Well	Workover	Deepen	Plug Back   Same Re	s'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Pr	rod,	Total Dep	oth		P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	ogtion	Top O11/G	as Pay		Tubing Depth	
							Tubing Deptin	
	Perforations						Depth Casing Shoe	
	TUBING, CASING, AP				D CEMENTING RECORD			
}	HOLE SIZE	CASING & TUBIN	IG SIZE		DEPTH SI	ET	SACKS CEN	MENT
-						<del></del>		
	TEST DATA AND REQUEST F	OR ALLOWABLE (T	est must be a	fier recovery	of total volu	me of load oil	and must be equal to or e	exceed top allow-
-	OIL WELL  Date First New Oil Run To Tanks	Date of Test	ble for this de			) , pump, gas lif	t, etc.)	
	Length of Test	Tubing Pressure		Casing Pre			Choke Size	
	Length of Feet	1 45			755.2.4		Chore size	
	Actual Prod. During Test	Oil-Bbls.		Water - Bbl	8.		Gas-MCF	
<u>_</u>				1				
_	GAS WELL Actual Prod. Tost-MCF/D	Length of Test		Bhis Card	lensate/MMCF		10	
	Actual Float 1 est-MCF/D	Candin of Task		BDIB. COM	ensurey MMCF	•	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-i	n)	Casing Pre	sswe (Shut-	-in)	Choke Size	
L VI. C	CERTIFICATE OF COMPLIAN	CE		1	OII C	ONSERVA	TION COMMISSION	
						NOV 15	2.1975	
С	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.			BY NOV 14,1915, 19  SUBERVICED DISCON				
a)								
			TITLE SUPERVISOR, DISTRICT II					
	mary Coming						ompliance with RULE to ble for a newly drille	
_	Production Clerk				well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
	(Tit			All able on	sections of t	this form mus ompleted wel	t be filled out complete.	tely for allow-
November 7, 1975				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.				
	(Du	,	- 11					

Separate Forms C-104 must be filed for each pool in multiply