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U.S.G.S.			$\prod_{i=1}^{n}$
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWARIE

Form C-104 Supersedes Old C-104 and C-110

ţ	FILE	REQUEST	AND	Effective 1-1-65
}	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	245
+	LAND OFFICE	AUTHORIZATION TO TRA	INSI ON I OIL AND NATURAL O	, A.S.
1	VALUE BODTER OIL			
	TRANSPORTER GAS			
Ī	OPERATOR			
1.	PRORATION OFFICE			
-	Operator	-	Ð	F.D.
	Stallworth Oil &	Gas <u> </u>		ECEIVED
	Address			
l		i Avenue, Midland, 1		JUL 27 1970
	Reason(s) for filing (Check proper box)		Other (Please explain)	/ 15/0
ļ	New We!1	Change in Transporter of:		0 -
Ì	Recompletion	Oil Dry Ga	s	D. C. C.
- 1	Change in Ownership	Casinghead Gas Conden	nsate	ARTESIA, OFFICE
	If change of ownership give name and address of previous owner	Buder Scott Manageme	ent Co 922 &th Str	eet. Wichita Falls,
	and address of previous owner	Ryder Scott Hanagam	one oo,, yaz con con	Texas 76301
11.	DESCRIPTION OF WELL AND I	LEASE		
	ease Name Well No. Pool Name, Including Formation Kind of Lease Federal Lease No.			
	Parke	1 Square Lake	Grayburg State, Federa	LC 029029-
	Location		· -	
	Unit Letter A ; 66	O Feet From The North Lin	e and 660 Feet From	The <b>East</b>
	Line of Section 3 Tow	mship 17 Range	0 , NMPM, <b>E</b>	ddy County
				•
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	AS	<u> </u>
	Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)
	Navajo Refining Com	pany, Pipe Line Div.	No. Freeman Ave., A	rtesia, N. M. 88210
	Name of Authorized Transporter of Cas	inghead Gas  or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)
	Continental Oil Com		P. O. Box 2197, Hours is gas actually connected?	ston, Texas 77001
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually connected?	en
	give location of tanks.	A 3 17 30	Yes	
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	
JV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
	Designate Type of Completic			
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date Spudded			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Lievations (B1, KRB, K1, GR, ELL.)			
	Perforations	1		Depth Casing Shoe
	Periorations			
		TURING CASING AN	D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	11000 3120			
v	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery of total volume of load oil	and must be equal to or exceed top allow-
٧.	OIL WELL		epth or be for full 24 hours)	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
			<u> </u>	
	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
			Contract to 1	Chaka Siza
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			<del> </del>	
VI.	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.  OIL CONSERVATION OF THE PROVED  APPROVED  BY  APPROVED  BY		ATION COMMISSION	
			JUL 2.8	19/0
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	19
	Commission have been complied t	with and that the information given e best of my knowledge and belief.	BY 11. (1. A)	resset
	Shows to time sure combiere to the	,		

## VI

STALLWORTH OIL & GAS
THE Helen
Murray E. Helmers Signature)
Engineer

June 1, 1970

(Title)

This form is to be filed in compliance with RULE 1104.

TITLE OIL AND GAS INSPECTOR

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.