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**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

Operator Stallworth Oil & Gas		RECEIVED	
Address 407 West Missouri Avenue, Midland, Texas 79701		JUL 27 1970	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:	O. C. C. OIA, OFFICE	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of ownership give name and address of previous owner **Ryder Scott Management Co., 922 8th Street, Wichita Falls, Texas 76301**

II. DESCRIPTION OF WELL AND LEASE				
Lease Name Wilson	Well No. 2	Pool Name, Including Formation Grb. Jackson Queen Grb SA	Kind of Lease State, Federal or Fee State	Lease No. 8-2613
Location				
Unit Letter J	1650	Feet From The South	Line and 2310	Feet From The East
Line of Section 2	Township 17	Range 31	NMPM, Eddy	County

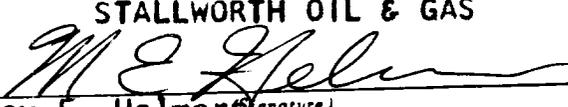
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Texas New Mexico Pipe Line	Box 1510, Midland, Texas 79701			
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 Company	Box 2197, Houston, Texas 77001			
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 2	Twp. 17	Rge. 31
			Is gas actually connected? Yes	When 3-1-60

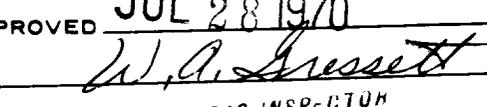
If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA									
Designate Type of Completion - (X)									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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				<i>(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)</i>			
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.	
STALLWORTH OIL & GAS	
	
Murray E. Helmers (Signature) Engineer	
(Title)	
June 1, 1970	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED	JUL 28 1970
BY	
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.	