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LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

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

I. OPERATOR

Operator: **Steltz & Company**

Address: **c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico**

Reason(s) for filing (Check proper box):
 New Well Change in Transporter
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain):

If change of ownership give name and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

Lease Name: **Ann** Well No.: **1** Pool Name, including Formation: **Under N. Bagley Lower Penn** Kind of Lease: **State, Federal or Fee** Lease No.:

Location:
 Unit Letter: **H** 1980 Feet From The **North** 660 East
 Line of Section: **19** Township: **11S** Range: **33E** N.M.P.M. **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate : **Admiral Crude Oil Corp.** Address (Give address to which approved copy of this form is to be sent): **Box 1713, Midland, Texas**

Name of Authorized Transporter of Casinghead Gas or Dry Gas : Address (Give address to which approved copy of this form is to be sent):

If well produces oil or liquids, give location of tanks: Unit: **H** Sec.: **19** Twp.: **11S** Rge.: **33E** Is gas initially collected? **No** When:

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't. <input type="checkbox"/>	Diff. Res't. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod	Total Depth	P.S.T.D.					
1/19/69	3/1/69	10,411	10,341					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4311 GR	Lower Penn	10,124	10,075					
Perforations	Depth Casing Shoe							
10,124-26; 10,164-66; 10,184-86; 10,226-28; 10,303-05	10,411							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8	379	400					
11	8 5/8	3725	200					
7 7/8	4 1/2	10,411	550					
	2 3/8	10,075						

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.)	
3/1/69	3/7-8/69	Pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	-	-	-
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
620	340	280	401

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.

A. L. Smith
(Signature)
Agent
(Title)
3/11/69
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY **A. L. Smith**

TITLE _____

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.