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LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	2
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

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MAR 1 1967

I. Operator **Stoltz & 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 of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Yates State	1	Wildcat - Wolfcamp	State, Federal or Fee State	K-427E
Location				
Unit Letter		Feet From The	Line and	Feet From The
N	660	South	1650	west
Line of Section	Township	Range	NMPM,	Eddy County
32	20S	30 E		

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)					
Famariss Oil & Refining Company	Box 980, Hobbs, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	32	20S	30E	No	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12/3/66	2/26/67	12,603	10,995					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3663.6 GR	Wolfcamp	10,240	10,274					
Perforations	Depth Casing Shoe							
10,240-244, 10,257-261								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
20	16	556	300					
15	11 3/4	1575	850					
11	8 5/8	4100	1150					
7 7/8	4 1/2	11,392	475					

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.)	
2/26/67	2/26-27/67	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	1650#	Packer	12/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
336	336	None	538

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)

February 28, 1967
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY *W. A. Gussert*
 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.

The following table shows the results of the experiment. The first column is the number of trials, the second column is the number of correct responses, and the third column is the percentage of correct responses. The fourth column is the number of errors, and the fifth column is the percentage of errors. The sixth column is the number of omissions, and the seventh column is the percentage of omissions. The eighth column is the number of commissions, and the ninth column is the percentage of commissions. The tenth column is the number of correct rejections, and the eleventh column is the percentage of correct rejections. The twelfth column is the number of false alarms, and the thirteenth column is the percentage of false alarms. The fourteenth column is the number of hits, and the fifteenth column is the percentage of hits. The sixteenth column is the number of misses, and the seventeenth column is the percentage of misses. The eighteenth column is the number of correct decisions, and the nineteenth column is the percentage of correct decisions. The twentieth column is the number of incorrect decisions, and the twenty-first column is the percentage of incorrect decisions.

Trial	Correct	Percentage Correct	Errors	Percentage Errors	Omissions	Percentage Omissions	Commissions	Percentage Commissions	Correct Rejections	Percentage Correct Rejections	False Alarms	Percentage False Alarms	Hits	Percentage Hits	Misses	Percentage Misses	Correct Decisions	Percentage Correct Decisions	Incorrect Decisions	Percentage Incorrect Decisions
1	15	75%	5	25%	0	0%	0	0%	10	50%	5	25%	10	50%	5	25%	15	75%	5	25%
2	18	90%	2	10%	0	0%	0	0%	12	60%	3	15%	12	60%	3	15%	18	90%	2	10%
3	20	100%	0	0%	0	0%	0	0%	15	75%	0	0%	15	75%	0	0%	20	100%	0	0%
4	12	60%	8	40%	0	0%	0	0%	8	40%	4	20%	8	40%	4	20%	12	60%	8	40%
5	16	80%	4	20%	0	0%	0	0%	12	60%	0	0%	12	60%	0	0%	16	80%	4	20%
6	14	70%	6	30%	0	0%	0	0%	10	50%	4	20%	10	50%	4	20%	14	70%	6	30%
7	17	85%	3	15%	0	0%	0	0%	13	65%	0	0%	13	65%	0	0%	17	85%	3	15%
8	11	55%	9	45%	0	0%	0	0%	7	35%	4	20%	7	35%	4	20%	11	55%	9	45%
9	19	95%	1	5%	0	0%	0	0%	14	70%	0	0%	14	70%	0	0%	19	95%	1	5%
10	13	65%	7	35%	0	0%	0	0%	9	45%	4	20%	9	45%	4	20%	13	65%	7	35%
11	16	80%	4	20%	0	0%	0	0%	12	60%	0	0%	12	60%	0	0%	16	80%	4	20%
12	14	70%	6	30%	0	0%	0	0%	10	50%	4	20%	10	50%	4	20%	14	70%	6	30%
13	18	90%	2	10%	0	0%	0	0%	12	60%	0	0%	12	60%	0	0%	18	90%	2	10%
14	15	75%	5	25%	0	0%	0	0%	10	50%	5	25%	10	50%	5	25%	15	75%	5	25%
15	17	85%	3	15%	0	0%	0	0%	13	65%	0	0%	13	65%	0	0%	17	85%	3	15%
16	12	60%	8	40%	0	0%	0	0%	8	40%	4	20%	8	40%	4	20%	12	60%	8	40%
17	16	80%	4	20%	0	0%	0	0%	12	60%	0	0%	12	60%	0	0%	16	80%	4	20%
18	14	70%	6	30%	0	0%	0	0%	10	50%	4	20%	10	50%	4	20%	14	70%	6	30%
19	18	90%	2	10%	0	0%	0	0%	12	60%	0	0%	12	60%	0	0%	18	90%	2	10%
20	15	75%	5	25%	0	0%	0	0%	10	50%	5	25%	10	50%	5	25%	15	75%	5	25%