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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
OFFICE O.C.C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

DEC 7 3 05 PM '66

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 <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Collier** Well No. **1** Pool Name, including Formation **North Bagley-Upper Pennsylvanian** Kind of Lease **Under** State, Federal or Fee **Fee** Lease No.

Location

Unit Letter **F** ; **1980** Feet From The **North** Line and **1980** Feet From The **West**

Line of Section **9** Township **11 S** Range **33 E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Pan American Petroleum Corporation Address (Give address to which approved copy of this form is to be sent)
Box 1725, Midland, Texas

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
None 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 **F** Sec. **9** Twp. **11S** Rge. **33E** Is gas actually connected? **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)	X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded Re-entered	11/9/66	Date Compl. Ready to Prod.	12/6/66	Total Depth	11,400	P.B.T.D.	10,286		
Elevations (DF, RKB, RT, GR, etc.)	4299.4 KB	Name of Producing Formation	Upper Penn	Top Oil/Gas Pay	9402	Tubing Depth	9368		
Perforations	9537-54; 9402-08					Depth Casing Shoe	10,367		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	335	350
12 1/4	9 5/8	1600-3821	688
7 7/8	4 1/2	10,367	925
	2 3/8	9368	

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 12/1/66	Date of Test 12/6-7/66	Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 hours	Tubing Pressure Kobe Pump	Casing Pressure Kobe Pump
Actual Prod. During Test 323 bbls fluid	Oil-Bbls. 184	Water-Bbls. 139
		Gas-MCF 218

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)
December 7, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

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.