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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

I.

Operator Stoltz, Wagner & Brown		
Address P. O. Box 1714, Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE TRANSPORTED 4/1/75 UNLESS AN EXCEPTION TO RULE IS OBTAINED
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name H. L. Vinson	Well No. 1	Pool Name, including Formation Crossroads Siluro Devonian	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter: G	1980	Feet From The North Line and 1980	Feet From The East	
Line or Section 22	Township 9-S	Range 32-E	NMPM, Lee	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"/> Western Crude Oil, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1142, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 G	Sec. 22	Twp. 9S	Rge. 32E	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)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9/30/74	Date Compl. Ready to Prod. 12/2/74	Total Depth 12,265'		P.B.T.D. 12,265'					
Elevations (DF, RKB, RT, GR, etc.) 4037' GR	Name of Producing Formation Siluro Devonian		Top Oil/Gas Pay 12,237'		Tubing Depth 12,100'				
Perforations Open Hole 12,251-12,265'					Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		372'		400				
12-1/4"	9-5/8"		4200'		1800				
7-7/8"	4 1/2 & 5 1/2" Liner 2-7/8 x 2-3/8"		12,251' (Top @ 3936') 12,100		680 Tbg.				

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 12/1/74	Date of Test 2/10/75	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hr.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil - Bbls. 468	Water - Bbls. 600	Gas - MCF Too small to measure

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.

R. Bucky
(Signature)

Agent
(Title)

OIL CONSERVATION COMMISSION	
APPROVED	19
BY	James
TITLE	SUPERVISOR

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 or non-completed wells.