NO. OF COPIES REC	EIVED	
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SANTA FE		
FILE		!
U.S.G.S.		1
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		
c		

April 14, 1966 (Date)

I.

II.

III.

١v.

110

SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION  REQUEST FOR ALLEGY ABEF CE C. C. Supersedes Old C-104 and C.		
U.S.G.S.	-	AND Effective 1-1-65		
LAND OFFICE	AUTHORIZATION TO T	RANSPORT OU AZOZYATRIKA	GAS	
OII		Milit - Co off	70	
TRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE				
Operator				
Stolts & Co	appeny .			
_	ports & Gas Services, Box	762 Hobbs New Marries	-	
Reason(s) for filing (Check prope	r box)	Other (Please explain)		
New Weli	Change in Transporter of:	Omer (Flease explain)		
Recompletion	Oil Dry	Gas		
Change ir. Ownership	Casinghead Gas Con	densate		
If change of amount is				
If change of ownership give na and address of previous owner	me			
DESCRIPTION OF WELL A Lease Name		Name, Including Formation		
Sinelair St			Kind of Lease	
Location	Z AO	rth Bagley - Upper Penn	State, Federal or Fee State	
Unit Letter	660 Feet From The West	1000 -	<b>.</b>	
om Botter	660 Feet From The West I	Line and 1980 Feet Fro	m The South	
Line of Section 22	, Township 11 8 Range	33 <b>B</b> , NMPM,	Lea County	
			County	
DESIGNATION OF TRANSP	ORTER OF OIL AND NATURAL O	GAS		
Name of Authorized Transporter o			proved copy of this form is to be sent)	
Pan American Pet	f Casinghead Gas Tor Dry Gas	Box 1725, Midle	und, Texas	
Warren Petroleum			proved copy of this form is to be sent)	
	Unit Sec. Twp. Rge.	Box 1589, Tulse is gas actually connected?	When	
If well produces oil or liquids, give location of tanks.	K 22 118 331	i '	4/10/66	
f this production is commingled	i with that from any other lease or poo		4/20/00	
COMPLETION DATA		r, give comminging order number:		
Designate Type of Compl	etion - (X)	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.	
Date Spudded		X	1	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
<b>2/26/66</b>	4/10/66  Name of Producing Formation	7995 Top Oil/Gas Pay	9982	
North Bagley	Upper Penn		Tubing Depth	
Perforations	epper rem	9146	9118 Depth Casing Shoe	
9146-48: 9480-82	9490-92: 9630-32		9995	
		ND CEMENTING RECORD	7773	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 1/4	10 3/4	367	350	
9 3/4	7 5/8	3750	200	
6 3/4	4 1/2	9995	350	
	2 3/8	9118		
TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be	after recovery of total volume of load oi depth or be for full 24 hours)	il and must be equal to or exceed top allow•	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
4/10/66	4/12-13/66	Flow	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
24 hours	500#	Fior @ 9118	28/64 <b>**</b>	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
320 bbls fluid	192	128	323	
GAS WELL Actual Prod. Test-MCF/D	1			
Actual Flod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	Castra Bassan		
, , , , , , , , , , , , , , , , , , , ,	Tabling Trobbate	Casing Pressure	Choke Size	
CERTIFICATE OF COMPLIA	ANCE			
AMILIONIE OF COMPLIA	NICE	OIL CONSERV	ATION COMMISSION	
hereby certify that the rules as	nd regulations of the Oil Componentian	APPROVED	. 19	
hereby certify that the rules and regulations of the Oil Conservation ommission have been complied with and that the information given		1-201		
pove is true and complete to	the best of my knowledge and belief.	BY_	2 Comes	
		TITLE		
This form is to be filed in compliance with				
(S	ignature)	well, this form must be accompa	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 acco	ordance with RULE 111.	
w@ass.c	Title)	All sections of this form mu	ust be filled out completely for allow-	

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only 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 post in multiply completed wells.