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SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
PROPATION OFFICE				

VI.

SANTA FE		CONSERVATION COM		Form C-104	11 6 104 - 10 1
FILE	REQUES	T FOR ALLOWABLE AND	OFFICE 0. C. C.	Effective 1-1-	ld C-104 and C-1 ·65
U.S.G.S.	AUTHORIZATION TO T		NATUD ABUCHES		
LAND OFFICE		MAR T	AL STURBAR		
TRANSPORTER	4				
GAS					
OPERATOR					
I. PRORATION OFFICE Operator	<u> </u>				
Steltz & Company -	Clark				
C/O Oil Reports &	Gas Services, Box 763, Heb	bs. New Mexico			
Reason(s) for filing (Check prop		Other (Pleas			
New Well	Change in Transporter of:	Office (Freus	e explain)		
Recompletion	Oil Dry	Gas			
Change in Ownership		densate			
If change of ownership give na	me				
and address of previous owner					
II. DESCRIPTION OF WELL A					
Christensen State	Well No. Pool Name, Including North Bagley	Lower Penn	Kind of Lease State, Federal or Fee	State	K-2654
Location			order, redered or red	,	
Unit Letter;	1980 Feet From The South	ine and660	Feet From The	Yest	
Line of Section 16	Township 11 S Range	33 E , NMP	. Lea		County
		, , , , , , , , , , , , , , , , , , , ,	n,		County
III. DESIGNATION OF TRANSI Name of Authorized Transporter of	PORTER OF OIL AND NATURAL G	AS (C)			
Pan American Petro		Address (Give address Box 1725, Mi	to which approved cop. dland. Texas	y of this form is	to be sent)
Name of Authorized Transporter	<u> </u>	Address (Give address	_	y of this form is	to be sent)
None	III-II See The D				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. L 16 118 33E	Is gas actually connect No	ed? When		
If this production is commingle IV. COMPLETION DATA	d with that from any other lease or pool	l, give commingling orde	r number:		
	Oil Well Gas Well	New Well Workover	Deepen Plug	Back Same Re	s'v. Diff. Res'v.
Designate Type of Comp		X	1		
Date Spudded 1/31/67	Date Compl. Ready to Prod. 3/3/67	Total Depth 10,360	P.B.7	r.d. 10,289	
Elevations (DF, RKB, RT, GR, e		Top Oil/Gas Pay		ig Depth	
4265 GR	Lewer Penn	10,030		9993	
Perforations 10,039-032, 10,068	-070, 10,084-08 6, 10,130-1	32, 10,145-147.	10,198-200 &	Casing Shoe	*
		ND CEMENTING RECOR		251-253	
HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEN	MENT
16	13 3/8	325		400	
10 3/4	8 5/8	3750		200	
7 7/8	4 1/2	10,358		520	
	2 3/8	9993			
V. TEST DATA AND REQUES		after recovery of total volu	me of load oil and mus	t be equal to or e	exceed top allow-
OIL WELL Date First New Oil Run To Tanks		Producing Method (Flou	•	·	
3/3/67	3/6-7/67	Flow	, pamp, gos sojs, escrj		
Length of Test	Tubing Pressure	Casing Pressure	Choke		
24 hrs	120#	Pkr)/64 m	
Actual Prod. During Test 320	Oil - Bbls. 96	Water - Bble.	Gas-)	MCF L 140	
720	70	RZ4		.40	
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F Gravit	y of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in) Choke	Size	
W CERTIFICATE OF THE	1100	<u> </u>		 .	
VI. CERTIFICATE OF COMPLI	ANCE	OIL C	CONSERVATION	COMMISSION	١
I handle contifue that the suite of		APPROVED			10
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.		Opto			-
		RY.			
		TITLE			
Jr. L. S.		'''	<u> </u>		
$\mathcal{Y} \mathcal{Z}_{\ell} \mathcal{X}_{\ell}$	mit	This form is to be filed in compliance with RULE 1104.			
	Signature)	If this is a required well, this form must	est for allowable for		
	g a v/	tests taken on the	vell in accordance w	vith RULE 111	· rue Genteriou
Agent	(Title)	All sections of	this form must be fil		
March 7. 196		able on new and rec	•	-	. •
nor on 1, 170	(Date)	Fill out only S well name or number	ections I, II, III, and, or transporter, or other		
		31	-	_	

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.