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NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Stoltz & Company - Clark c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion 011 Dry Gas Condensate Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner. Lease No. 3295 State, Federal or Fee Fee Huber-Collier Wildcat - Lower Penn Location 1980 Feet From The South Line and 1980 Feet From The West Line of Section 18 Township 11 S Range 33 E , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Pan American Petroleum Corporation Box 1725, Midland, Texas
Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas Sec. When Is gas actually connected? Rge. Unit Twp. If well produces oil or liquids, give location of tanks. 18 115 33E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well Plug Back Same Res'v. Diff. Res'v. Oil Well Designate Type of Completion - (X) X Total Depth Date Spudded Date Compl. Ready to Prod. 5/10/67 3/17/67 10,352 10,261 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas 10,212 4323 KB Lower Penn Depth Casing Shoe 10,348 10,052-54, 10,194-96, 10,256-58 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET HOLE SIZE CASING & TUBING SIZE 350 <u>13 3/8</u> 440 16 10 3/4 8 5/8 3750 200 10.348 600 1/2 <del>77/8</del> 10,212 3/8 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Kobe Pump 5/10/67 5/13-14/67 Casing Pressure Choke Size Tubing Pressure Length of Test 24 hrs Water - Bbls. Gas - MCF Oil-Bbls. Actual Prod. During Test 20 55 35 **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION 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. APPROVED This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. (Signature)

Agent

May 22, 1967

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.