	NO. OF COPIES RECEIVED	7	CONSERVATION COMMISSION BBS FOR ALLOWABLE AND JUL 19 ANSPORT OIL AND NATURAL O									
	DISTRIBUTION	NEW MEXICO OU	and the same of th									
	SANTA FE	NEW MEXICO OIL C	CONSERVATION COMMISSION BES	OF E. Form C-104								
	FILE	- REQUEST	FUR ALLOWABLE	History 1-1-65								
	U.S.G.S.	┤	AND UL IA	1								
		AUTHORIZATION TO TRA	ANSPORT OIL AND NATURÄL G	AST DU.								
	LAND OFFICE	-	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL O	-, LU, 82								
	TRANSPORTER OIL	_		O _f								
	GAS											
	OPERATOR											
ı.	PRORATION OFFICE	1										
	Operator											
	Stoltz & Company - Clark											
	Address											
	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	Oil Dry Go	as									
	Change in Ownership	Casinghead Gas Conde	nsate									
	If change of ownership give name			•								
	and address of previous owner											
	DESCRIPTION OF WELL AND LEASE North Bugley-Lower Pennsylognian Lease Name Well No. Peel Name, including Permation R-3295 Kind of Lease No. Lease No.											
11.	DESCRIPTION OF WELL AND	LEASE Sith Duc	yley-Lower Pennsyloan	ian								
	Legse Name	Well No. Peel Name, Including P	ofmation R-3295 Kind of Lease	Lease No.								
	Sohio "B"	1 Undes North	Bagley Middle Penne, Federal	er Fee State K-119								
	Lecation											
	Unif Letter P ; 66	50 Feet From The South Lin	ne and 660 Feet From 7	To at								
	enit Letter : Ot	Peet From The SOULI Lin	ne and 660 Feet From 7	The East								
	1 time : - 5 -	wniship 11 S Range	22 F	_								
	Lifté of Section 5 Tov	wnship II S Range	33 E , NMPM, Let	County								
			,									
111.	DESIGNATION OF TRANSPORT	<mark>ter of oil and natural</mark> ga	AS									
	Name of Authorized Transporter of Oil		Address (Give address to which approx	ed copy of this form is to be sent)								
14	Pan American Petroleum	a Corporation	Box 1725, Midland, Tex	tas								
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)									
	None											
		Unit Sec. Twp. Rge.	The secretary process with									
	If Well produces oil or liquids,	P 5 11S 33E	Is gas actually connected? Whe	n.								
	give location of tanks.	פונו נובר ל	140	and the second of the second o								
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:									
IV.	COMPLETION DATA		<u> </u>	The state of the s								
	B : # 10 1 :	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resiv. Dill. Resiv.								
	Designate Type of Completic	$\mathbf{x} = \mathbf{x}$	X	1 1 1								
	Bate Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.								
	5/20/67	7/12/67	10,510	10,080								
	Elevations (DF, RKB, RT, GR, etc.)		Top Oil/Gas Pay									
		Name of Producing Formation		Tubing Depth								
	4312.5 KB	Middle Penn	10,026	10,003								
	Perforations	1 0 Matorio	1 1 / 1 / 1 / 1	Depth Casing Shoe								
	(10,030-032) or June 10,100 (1) July 10,510											
	TUBING, CASING, AND CEMENTING RECORD											
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT								
	7/	· · · · · · · · · · · · · · · · · · ·										
	16	13 3/8	368	400								
	10 3/4	8 5/8	3750	200								
	7 7/8	4 1/2	10,510	550								
		2 3/8	10,003	İ								
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil a	ind must be equal to or exceed top allow-								
	OIL WELL	able for this de	pth or be for full 24 hours)									
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	, etc.)								
	7/12/67	7/13-14/67	Pump	i								
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size								
	24 hours	*****										
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF								
	•											
	458	258	200	330								
	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								
W 7#	ODDATES AND OR COMPANY			TION 001								
VI.	CERTIFICATE OF COMPLIANCE)E	OIL CONSERVATION COMMISSION									
			ABBRUSE JUD 19 1967									
	I hereby certify that the rules and r		APPROVED, 19									
	Commission have been complied w	ith and that the information given	1 2 2 3 3 3 4 3 3 4 3 3 4 3 3 4									
	above is true and complete to the	best of my knowledge and belief.	Fraire 6:									
		!	Engineer District ?									
	. 0	•	TITLE									
	It Lamut	,	This form is to be fired in c	ompliance with RULE 1104.								
	1. Lamit		n	able for a newly drilled or despende								
•	(Signa	ture)	well, this form must be accompan	ied by a tabulation of the deviation								
	Amant		tests taken on the well in accord									
	Agent (Tit.	le)		t be filled out completely for allow-								
		~-,	able on new and recompleted wells.									
	July 18, 1967		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.									
	(Da	(e)	-									
				be filed for each pool in multiply								
		,	completed wells.									

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