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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

HOBBS OFFICE
JUL 18 4 27 PM '67

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Stoltz & Company - Clark

Address
c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Sohio "B"** Well No. **1** Pool Name, including Formation **North Bagley-Lower Pennsylvanian** Kind of Lease **Lease** State **Lea** Lease No. **K-119**

Location

Unit Letter **P** ; **660** Feet From The **South** Line and **660** Feet From The **East**

Line of Section **5** Township **11 S** Range **33 E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Pan American Petroleum Corporation Address (Give address to which approved copy of this form is to be sent)
Box 1725, Midland, Texas

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
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 **P** Sec. **5** Twp. **11 S** Rge. **33 E** 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 ☐ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐

Date Spudded **5/20/67** Date Compl. Ready to Prod. **7/12/67** Total Depth **10,510** P.B.T.D. **10,080**

Elevations (DF, RKB, RT, GR, etc.) **4312.5 KB** Name of Producing Formation **Middle Penn** Top Oil/Gas Pay **10,026** Tubing Depth **10,003**

Perforations **(10,030-032)** **or Perforations 10,030-10,032** Depth Casing Shoe **10,510**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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	

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 **7/12/67** Date of Test **7/13-14/67** Producing Method (Flow, pump, gas lift, etc.) **Pump**

Length of Test **24 hours** Tubing Pressure **---** Casing Pressure **---** Choke Size **---**

Actual Prod. During Test **458** Oil-Bbls. **258** Water-Bbls. **200** Gas-MCF **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

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.

H. L. Smith
(Signature)
Agent
(Title)
July 18, 1967
(Date)

OIL CONSERVATION COMMISSION
APPROVED **JUL 19 1967**, 19
BY **Engineer District 1**
TITLE

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 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.

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NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALL OIL
 AND
 AUTHORITY TO TAKE OIL FROM THE PUBLIC LANDS

Operator	
Address	
Reasons for filing (check proper box)	
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Other

If change of ownership give name and address of previous owner.

II. DESCRIPTION OF WELL AND LEASE	
Lease Name	Well No.
Location	Section
County	State

III. DESIGNATION OF THE PROPERTY OF THE WELL	
Name of owner	Address
Name of operator	Address
Name of lessee	Address

IV. COMPLETION OF WELL	
Designate Type of Completion	Date completed
Completion description	

V. TESTS	
Test No.	Test Date
Test Description	

VI. ANALYSIS	
Analysis No.	Analysis Date
Analysis Description	

VII. CERTIFICATE	
Certificate No.	Certificate Date
Certificate Description	

I hereby certify that the above is a true and correct copy of the original as filed in the office of the New Mexico Oil Conservation Commission.

 Secretary