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

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

Operator Stoltz & Company - Clark	
Address 676 Oil Reports & Gas Services, Box 763, Hobbs, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		North Bagley - Upper Pennsylvanian	
Lease Name Sohio "A" State	Well No. 1	Pool Name, including Formation Undes. N. Bagley Upper Penn	Kind of Lease State, Federal or Fee State
Location		Lease No. OG-6008	
Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East			
Line of Section 4 Township 11 S Range 33 E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 0 Sec. 4 Twp. 11S Rge. 33E 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded 7/31/67	Date Comp. Ready to Prod. 9/7/67
Total Depth 10,450	P.B.T.D. 10,420
Elevations (DF, RKB, RT, GR, etc.) 4284.5 GR	Name of Producing Formation Upper Penn
Top Oil/Gas Pay 9462	Tubing Depth 9350
Perforations 9462-64, 9607-09	Depth Casing Shoe 10,450
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
17 1/2	13 3/8
10 3/4	8 5/8
7 7/8	4 1/2
	2 3/8
DEPTH SET	SACKS CEMENT
371	400
3762	200
10,450	550
9350	

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 9/7/67	Date of Test 9/13-14/67	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure --	Casing Pressure --	Choke Size --
Actual Prod. During Test 700	Oil-Bbls. 350	Water-Bbls. 350	Gas-MCF 420

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		OIL CONSERVATION COMMISSION	
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 _____, 19____	
BY _____		BY _____	
TITLE _____		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.			

A. L. Smith
(Signature)
Agent
(Title)
September 15, 1967
(Date)