NO. OF COPIES REC	EIVED	i	
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SANTA FE			
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
			I

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

371177	· ·	4 5 4 5	Effective 1-1-65
FILE		AND	
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL O	SAS
LAND OFFICE			
OIL			•
TRANSPORTER GAS	 		
<u> </u>			
OPERATOR	'		
I PRORATION OFFICE			
Operator			
Stolts & Co	onpany-Clark		
Address			
Beg 1714. 1	M.dland, Texas		
		Other (Please explain)	
Reason(s) for filing (Check proper l	box)	Other (Flease explain)	
New Well	Change in Transporter of:	To designate tre	memorater of
Recompletion	Oil Dry G		mayor or or
Change in Ownership	Casinghead Gas Conde	nsate casingheed gas.	
Change in Ownership			
If the second suppossible give name	•		
If change of ownership give name and address of previous owner			
una addition of provide			•
II. DESCRIPTION OF WELL AN	ID LEASE		
I. DESCRIPTION OF WEED AN	Well No. Pool Name, Including	Formation Kind of Leas	
	1 Lea Undesigna	ted Group 7-A State, Federa	nl or Fee Fee
Audrey			
Location		0	The extreme of the control of the co
Unit Letter;;	650 Feet From The South L	ne and Feet From	The East
Unit Letter			
90	Township 11-S Range	33-E , NMPM,	Les County
Line of Section 20	Township Range		
III. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL G	AS	I (all in form in to be cost)
Name of Authorized Transporter of	Cil or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)
Service Pipe Line		3411 Knoxville Avenue,	Libbock, Texas
Delarce trie serve	Casinghead Gas Cor Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)
Name of Authorized Transporter of		P. O. Box 1589, Tules,	Oklahoma
Warren Petroleum C	erporation		
	Unit Sec. Twp. Rge.		nen
If well produces oil or liquids, give location of tanks.	P 20 118 33E	Yes	December 1, 1967
If this production is commingled	with that from any other lease or pool	, give commingling order number:	
IV. COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Compl	etion $-(X)$		
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	Date Compi. Ready to Frod.		1
Bate opiliadea			1
Bate options			Tubba Donth
Elevations (DF, RKB, RT, GR, etc.	c.) Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	c.) Name of Producing Formation	Top Oil/Gas Pay	
Elevations (DF, RKB, RT, GR, etc.	c.) Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth Depth Casing Shoe
	Name of Producing Formation	Top Oil/Gas Pay	
Elevations (DF, RKB, RT, GR, etc.			
Elevations (DF, RKB, RT, GR, etc.	TUBING, CASING, A	ND CEMENTING RECORD	Depth Casing Shoe
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Elevations (DF, RKB, RT, GR, etc. Perforations	TUBING, CASING, A CASING & TUBING SIZE	ND CEMENTING RECORD DEPTH SET	Depth Casing Shoe SACKS CEMENT
Perforations HOLE SIZE	TUBING, CASING, A CASING & TUBING SIZE TEOP ALLOWARIE (Test must be	DEPTH SET after recovery of total volume of load of	Depth Casing Shoe SACKS CEMENT
Perforations HOLE SIZE V. TEST DATA AND REQUES	TUBING, CASING, A CASING & TUBING SIZE TEOP ALLOWARIE (Test must be	ODEPTH SET After recovery of total volume of load of depth or be for full 24 hours)	Depth Casing Shoe SACKS CEMENT l and must be equal to or exceed top allow-
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All sections of this form must be filled out completely for allowable on new and recompleted wells. (Title) 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. January 23, 1968 (Date)

Separate Forms C-104 must be filed for each pool in multiply completed wells.