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	SANTA FE			
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	LAND OFFICE			
	TRANSPORTER	OIL		
		GAS		
	OPERATOR			
I.	PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE REQUEST FOR ALLOWABLE, U.S. Supersetates Use C. Files Supersetates Supers	Lease No. M 072477
TRANSPORTER OAS OPERATOR PROPATION OFFICE Coperator	County
TRANSPORTER GAS OPERATOR PROPATION OFFICE Operator Stoltz & Company, Inc. Address Box 1714, Midland, Texas Researds for filing (Check proper box) New Well Casinghead Gas Dry Gas Conde sasts If change of ownership give name and address of previous owner Researds for filing (Check proper box) If change of ownership give name and address of previous owner Bolly 1 Bagley Lower Penn North Location Unit Letter J 1980 Feel From The South Line and 1980 Feel From The East Line of Section 17 Township 11-S Range 33-E, hmpld, Lea II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Company Name of Authorized Transporter of Casinghead Gas C or Dry Gas Address (Give address to which approved copy of this form is to the South Company Service Pipe Line Company Name of Authorized Transporter of Casinghead Gas C or Dry Gas Address (Give address to which approved copy of this form is to the South Company Service Pipe Line Company Name of Authorized Transporter of Casinghead Gas C or Dry Gas Backees (Give address to which approved copy of this form is to the South Company Service Pipe Line Company Name of Authorized Transporter of Casinghead Gas C or Dry Gas Backees (Give address to which approved copy of this form is to the South Company Service Pipe Line Company Name of Authorized Transporter of Casinghead Gas Service Pipe Line Company Name of Authorized Transporter of Casinghead Gas Service Pipe Line Company Name of Authorized Transporter of Casinghead Gas Service Pipe Line Company Name of Authorized Transporter of Casinghead Gas Service Pipe Line Company Name of Authorized Transporter of Casinghead Gas Service Pipe Line Casinghead Gas Ser	County
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II. Change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Lease Name Dolly 1 Bagley Lower Penn North State, Federal or Fee Federal Lease Name Dolly 1 Lecation Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line of Section 17 Township 11-8 Range 33-B , NMPM, Lea II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil S or Condensate Address (Give address to which approved copy of this form is to the Service Pipe Line Company Name of Authorized Transporter of Casinghead Gas 12 or Dry Gas Address (Give address to which approved copy of this form is to the Service Pipe Line Company Name of Authorized Transporter of Casinghead Gas 12 or Dry Gas Address (Give address to which approved copy of this form is to the Warren Petroleum Corporation If well produces oil or liquids, Junit Sec. Twp. Page. Is gas actually connected? When It is gas actually connected? Pebruary 9, 1968 If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD	County
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V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed the first beautiful to the first	eed top allo
OIL WELL	
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)	
Coaing Pressure Choke Size	
Length of Test Tubing Pressure Casing Pressure Choke Size	
Water-Bbls. Gas-MCF	
Actual Prod. During Test Oil-Bbls. Water-Bbls.	
	_
GAS WELL Bbls. Condensate/MMCF Gravity of Condensate	
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	
	<u> </u>
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	

VI

R R. Mar
(Signature) Agent
(Title) October 1, 1968
(Date)

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TITLE	Geologie		

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.