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

III.

IV.

NO. OF COPIES RECEIVED			
DISTRIBUTION	REQUEST FOR ALLOWABLE Superse		Form C-104
SANTA FE			Supersedes Old C-104 and C-1
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TE	RANSPORT OIL AND NATURAL G	AS
LAND OFFICE			
TRANSPORTER OIL			
GAS			
OPERATOR			
1. PRORATION OFFICE			
Stoltz & Com	pany, Inc.		
Address Box 1714, Mi	dland, Texas		
Reason(s) for filing (Check proper	box)	Other (Please explain)	
New Well	Change in Transporter of:	Also to designat	e twensmowten of
Recompletion	Oil E Dry	Gas casinghead gas.	e gramsborger or
Change in Ownership	Casinghead Gas Cond	densate	
If change of ownership give nam and address of previous owner _	e Stoltz & Company-Cl	ark	
II. DESCRIPTION OF WELL AN	ND LEASE		
Lease Name	Well No. Pool Name, Including		
Leigh Com.	1 Bagley Lower	Penn North State, Federal	or Fee Pec
Location			
Unit Letter; _6	60 Feet From The South I	_ine and1980 Feet From T	The West
-	33.0	22.12	Tan
Line of Section 20	Township 11-S Range	33-Е , ммрм,	Lea County
II. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL O	Address (Give address to which approv	and conv of this form is to be sent!
Name of Authorized Transporter of Service Pipe Lin		3411 Knoxville Avenue	
_	 -	Address (Give address to which approv	-
Name of Authorized Transporter of Warren Petroleum		Box 1589. Tulsa, Okla	
wallen recroteum		Is gas actually connected? Whe	
If well produces oil or liquids,	Unit Sec. Twp. Rge. N 20 118 33E	1 - 1	7/1/68
give location of tanks.			1/2/00
	with that from any other lease or poo	ol, give commingling order number:	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Designate Type of Compl			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spadaed	Sate Comply (Carly to 1 seas		
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
juliano (br., mb, m, on, en	.,,	•	
Perforations			Depth Casing Shoe
, characteristic			
	TURING CASING A	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TODING CIZZ		
	TOD ALLOWARIE (Total Total	e after recovery of total volume of load oil of	and must be equal to or exceed ton allow
V. TEST DATA AND REQUEST OIL WELL	able for this	depth or be for full 24 hours)	and made of Equation of the court of the
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	This Property (state in)	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	•	
VI. CERTIFICATE OF COMPLI	ANCE		TION COMMISSION
		OCT	7 1966 is
I hereby certify that the rules a	and regulations of the Oil Conservation	on APPROVES	, 19
Commission have been compli-	ed with and that the information give the best of my knowledge and belie	en II - A a a l	Kliman
above is true and complete to	the nest of my knowledge and bette		
		TITLE(Colleges)	
\sim \sim \sim \sim) I A Pell	This form is to be filed in a	compliance with RULE 1104.
χ , , 1/1 \	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	THIS TOTAL IS TO DE TITED IN	

VI.

\mathcal{R}	Busky	
$ \theta$	(Signature) Agent	
	(Title)	

October 3, 1968 (Date)

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.