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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 Stolts & Company-Clark	
Address c/o Oil Reports and 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

Lease Name Leigh	Well No. 1	Pool Name, Including Formation North Bagley-Lower Pennsylvanian	Kind of Lease Fee	Lease No.
Location				
Unit Letter N	660	Feet From The South	Line and 1980	Feet From The West
Line of Section 20	Township 11S	Range 33E	, NMPM, Lee County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Admiral Crude Oil Corp	Box 1713, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None						
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 20	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:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5/1/68	Date Compl. Ready to Prod. 6/1/68	Total Depth 10,300	P.B.T.D. 10,230					
Elevations (DF, RKB, RT, GR, etc.) 4302 GL	Name of Producing Formation Lower Penn	Top Oil/Gas Pay 9846	Tubing Depth 9815					
Perforations 1846-48, 9952-53, 10,007-09, 10,040-42, 10,069-70, 10,127-28, 10,186-88		Depth Casing Shoe						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17	13 3/8	353	400
11	8 5/8	3735	200
7 7/8	4 1/2	10300	500

TEST DATA AND REQUEST FOR ALLOWABLE
L 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 6/1/68	Date of Test 6/2-3/68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hrs	Tubing Pressure 3004	Casing Pressure PR	Choke Size 38/64"
Actual Prod. During Test 761	Oil - Bbls. 361	Water - Bbls. 400	Gas - MCF 419

S 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

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 is true and complete to the best of my knowledge and belief.

A. L. Smith
(Signature)

Agent
(Title)

6/4/68
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY **Joe L. Ramey**
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.