NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
THAIS ON EN	GAS		
OPERATOR			
PROBATION OFFICE			I -

HEW MEXICO OIL CONSERVATION COMMISSIC REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-3-85

	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	TRANSPORTER GAS		A 18 (18)			
	OPERATOR					
	PRORATION OFFICE					
1.	perator					
	Stoltz & Company, Inc.					
	Box 1714, Midland, Texas					
	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New Well Recompletion	Change in Transporter of: Oil Dry Gar		esignate operator		
	Change in Ownership	Casinghead Gas Conden	☐ ellective IT\1	./68.		
	If change of ownership give name and address of previous owner	Stoltz & Company-Clar	·k			
II.	. DESCRIPTION OF WELL AND LEASE Lease Name					
	Lease Name Vera	1 North Bagley I				
	Location	90 #0	910	tii		
	Unit Letter / E ; 19	80 Feet From The Korth Lin	e and 810 Feet From	The West		
	Line of Section 32 Tow	mship 11-8 Range	33-E , NMPM,	County		
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	IS	and conv of this form is to be sent)		
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy Admiral Crude Oil Corporation Box 1345, Midland, Texas			exas			
	Name of Advisor 2nd Indiaporter of Consequent		<u> </u>	Address (Give address to which approved copy of this form is to be sent)		
	Warren Petroleum	Unit Sec. Twp. Rge.	Box 1589, Tules, Okl	nen		
	If well produces oil or liquids, give location of tanks.	E 32 11S 33E	Yes	11/30/68		
IV	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:			
- • •	Designate Type of Completion	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
				Depth Casing Shoe		
	Perforations Depth Casing			Depth Cusing Shoe		
		TUBING, CASING, AN	D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a able for this d	after recovery of total volume of load oi epth or be for full 24 hours)	l and must be equal to or recred top allow		
	OII. WELL Date First New Oil Run To Tanks Date of Test Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
			Water - Bbls.	Gae - MCF		
	Actual Prod. During Test	Oil-Bbls.	110(61 - 22151			
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		
	. sering inclined (price) deep priy					
VI	. CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION		
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED 19			
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		TITLE JOILEN			
			This form is to be filed in	This form is to be filed in compliance with RULE 1104.		
			If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviatio			
	(Sign	mant /	tests taken on the well in accordance with RULE 111.			

(Title)

(Date)

January 20, 1969

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.