

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

I. Operator **Stoltz & Company**

Address **c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of:

Recompletion ☐ Oil ☐ Dry Gas ☐

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE **North Bagley - Lower Pennsylvanian**

Lease Name Wanda	Well No. 1	Pool Name, including Formation Under North Bagley Lower Penn	Kind of Lease State, Federal or Fee State	Lease No. K-4478
Location				
Unit Letter J	1980	Feet From The South	Line and 1980	East
Line of Section 32	Township 11S	Range 33E	County Lea	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ 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 ☐ or Dry Gas ☐ 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 J	Sec. 32	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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded 10/10/68	Date Compl. Ready to Prod. 11/16/68		Total Depth 10,315		P.B.T.D. 10,258			
Elevations (DF, RKB, RT, GR, etc.) 4301 KB	Name of Producing Formation Lower Penn		Top Oil/Gas Pay 9867		Tubing Depth 9815			
Perforations 9867-69, 10,066-68, 10,086-88, 10,138-40, 10,190-92					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		365		400			
11	8 5/8		3740		200			
7 7/8	4 1/2		10,315		300			
	2 3/8		9815					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL 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 11/16/68	Date of Test 11/17-18/68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 1504	Casing Pressure Pkr.	Choke Size 3/4"
Actual Prod. During Test 623	Oil - Bbls. 353	Water - Bbls. 270	Gas - MCF 434

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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

Donna L. Liles
(Signature)
Agent
(Title)
11/19/68
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY **John D. Liles**

TITLE **Agent for District 4**

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.