III.

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

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUES	T FOR ALLOWABLE	Supersedes Old C-104 and C-110
FILE	AND		Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO T	RANSPORT OIL AND NATURAL O	SAS
LAND OFFICE			
TRANSPORTER GAS	_		
OPERATOR	-	•	
PRORATION OFFICE	-		
Operator			
Stelts & Company			
	s Services, Box 763, H	Other (Please explain)	
Reason(s) for filing (Check proper box	() Change in Transporter of:	Other (Please explain)	
Recompletion		Gas	
Change in Ownership		densate	
If change of ownership give name	——————————————————————————————————————		
and address of previous owner			
DESCRIPTION OF WELL AND	Well No. Pool Name, Including	Formation Kind of Leas	e Lease No.
Yolanda	1 -Undes No. Ba	M - 3 / C +	of Fee State K-4478
Location	- TONGES NO.	Darl wit - Amil ; ; ; ;	W-MATO
Unit Letter	980 Feet From The South	Line and 1980F- From	West
			_
Line of Section 32 To	ownship 11 8 Range	33 E , NMPM,	County
DESIGNATION OF TRANSPOR	TED OF OIL AND NATURAL	GAS.	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)
Admiral Crude Oil Co		Box 1713. Midland. T	exag.
Name of Authorized Transporter of Co		Address (Give address to which appro	ved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Ege.	1 - 4 - 1	en
give location of tanks.	K 32 118 33	E No	
	ith that from any other lease or po	ol, give commingling order number:	
COMPLETION DATA	Oil Well Gas Wel	l New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.
Designate Type of Completi	ion – (X)	<b>x</b>	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12/16/68	1/26/69	10,350	10,270
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
4296 GL	Lower Penn	9900	9860 Depth Casing Shoe
Perforations	30014 10 3000 00 30	nh2hl. 000002 -/2 ->-+/	
10250-51, 10218-20,	TURING CASING	062-64, 9900-02 w/2 shot/ and cementing record	ft 10,350
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	369	400
ü	8 5/8	3725	200
7 7/8	4 1/2	10,350	500
	2 3/8	9860	
TEST DATA AND REQUEST 1	FOR ALLOWABLE (Test must	be after recovery of total volume of load oil s depth or be for full 24 hours)	l and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
1/26/69	1/27-28/69	Flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	150#		3/4×
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
776	356	420	432
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Frod. 1881-MOF/D			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION
CONTROLLE OF COMMERCE	- · · · -	JAI	19
I hereby certify that the rules and	d regulations of the Oil Conservat	ion    APPROPTO	, 19
Commission have been complied	with and that the information gi- the best of my knowledge and bel	ven i	Kungan
anove to ride and combtere to r			

## VI.

It. L. Smith
(Signature)
Agent
(Title)
1/30/69 (Date)
(Date)

APPROXED_A	JAN J J.J.	19
II / 1 //	w. Runyan	
BY	<i>y</i> . , , , , , , , , , , , , , , , , , ,	
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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.