DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
INANSFORIER	GAS	
OPERATOR		

NC OF COPIES RECI	LIVED 1			-				
DISTRIBUTION			NEW MEXICO OIL CONSERVATION COMM. ~ION Form C-104					
ANTA FE				s Old C-104 and C-110				
ILE			AND Effective 1-1-65					
.s.g.s.			AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
AND OFFICE								
	OIL							
RANSPORTER	GAS	1						
PERATOR	1		\neg					
RORATION OF	FICE							
eralot								
tallworth	n Oil	&	Gas	i, Inc.				
dress								
.O. Box 4	179,	Dal	las	s, TX 75221				
ason(s) for filing	(Check p	oper	box)	Other (Please explain)				
w Well				Change in Transporter of:				
completion				OII XX Dry Gas	ļ			
ange in Ownership	₽[]			Casinghead Gas Condensate				

	OPERATOR							
1.	PRORATION OFFICE	PRORATION OFFICE						
1	Operator							
	Stallworth Oil & Gas, Inc.							
1	Address					1		
}	P.O. Box 479, Dalla	s, TX 75221						
	Reason(s) for filing (Check proper box)		Other (Please	explain)		Ì		
	New Well	Change in Transporter of:	_					
	Recompletion	OII XX Dry Ga	s 🛄			ļ		
	Change in Ownership	Casingh ead Gas Conden	sate 🔲					
	If change of ownership give name and address of previous owner							
11.	DESCRIPTION OF WELL AND I	LEASE		**** - 4 T				
	Lease Name	Well No. Pool Name, Including Fo	ormation	Kind of Lease	1	Lease No.		
	Midwest-State	1 Vada (Penn	1.)	State, Federa	or Fee State I	-494		
	Location							
	Unit Letter N : 9	90 Feet From The South Lin	• and 1650	Feet From 1	rhe west			
	Onit Letter							
	Line of Section 2 Tow	nship 9-S Range 33	B-E , NMPM	·	Lea	County		
71T	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S					
	Name of Authorized Transporter of Oil	or Condensate	Andread Gure address	TOWE T	ved copy of this form is to b	e sent)		
	 JM Petroleum Corp	cas. Dallas. T	x 752d					
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address	o which appro	cas, Dallas, T	e sent)		
		-						
		Unit Sec. Twp. Rge.	Is gas actually connecte	d? Wh	Pn			
	If well produces oil or liquids, give location of tanks.		No.	ì				
		<u> </u>						
	If this production is commingled wit	h that from any other lease or pool,	give commingling order	number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res'v.	Diff. Res'v.		
	Designate Type of Completio	$\mathbf{r} = (\mathbf{X})$	1		1	1		
		1 2022	Total Depth		P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		9,578	Į.		
	8/6/73	12/11/73			Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			0.045			
	4359' KB, 4347' GL	Bough C	9,525 9,845 Depth Casing Shoe					
	Perforations				· ·			
	9,532-9,558				9,610			
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CEMEN	17		
	17-1/2"	13-3/8"	410'		400 sx. circ.			
	12-1/4"	9-5/8"	3,887'		400 sx.			
	8-3/4"	7"	9.610'		370 sx.			
	0-3/4	2-7/8"	9,485		<u>. j </u>			
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or excellent for the death or he for full 24 hours)						eed top allow-		
OII, WELL								
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas tijt, etc.)								
Coming Pressure Choke Size								
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size			

Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbis. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)

Water - Bbis.

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.

Oil-Bble.

	09/1
Murs	oy Coffetners
	Vice President
Executive	(Title)
November 2	(Date)

OIL	CON	SER	NOITAV	COMMISSION
Λ	10 M	O	1000	

Gas-MCF

MUA Q 1985 APPROVED_ ORIGINAL SIGNED BY

JERRY SEXTON

DISTRICT + SUPR 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