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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

Operator Stallworth Oil & Gas	
Address 407 West Missouri Avenue, Midland, Texas 79701	
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 _____
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.
CASINGHEAD GAS MUST NOT BE PLACED AFTER UNLESS AN EXCEPTION TO R-4070 IS OBTAINED

Lease Name Midwest-State		Well No. 2	Pool Name, Including Formation Vada (Penn.) R-4861		Kind of Lease State, Federal or Fee	State State	Lease No. L-494
Location							
Unit Letter F	1980	Feet From The	West	Line and	1980	Feet From The	North
Line of Section 2	Township 9-S	Range 33-E	NMPM,		Lea	County	

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Oil Corporation (Trucks)		Address (Give address to which approved copy of this form is to be sent) P.O. Box 900, Dallas, Texas 75221				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company		Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Oklahoma 74102				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 2	Twp. 9-S	Rge. 33-E	Is gas actually connected? No	When Unknown at present

If this production is commingled with that from any other lease or pool, give commingling order number: _____
V. 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 5-16-74	Date Compl. Ready to Prod. 8-5-74	Total Depth 9610'	P.B.T.D. 9587'					
Elevations (DF, RKB, RT, CR, etc.) 4341' GL	Name of Producing Formation Bough "C"	Top Oil/Gas Pay 9537'	Tubing Depth 9400'					
Perforations 9540-9561	Depth Casing Shoe 9610'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-12	12-3/4"	390	400 sx.					
12	8-5/8"	3900'	400 sx.					
7-7/8"	5-1/2"	9610'	400 sx.					

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 8-5-74	Date of Test 8-6-74	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 24 hrs.	Tubing Pressure -0-	Casing Pressure -0-	Choke Size -0-
Actual Prod. During Test 50	Oil-Bbls. 50	Water-Bbls. 100	Gas-MCF 100

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, 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. Field Superintendent August 7, 1974	OIL CONSERVATION COMMISSION APPROVED BY TITLE SUPERVISOR DISTRICT I 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
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