

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

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Supersedes Old C-104 and C-110
Effective 1-1-65

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

C

I.

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
FLARED AFTER 12-5-74
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kellahin 14 State	Well No. 1	Pool Name, Including Formation S. Flying M (Penn.)	Kind of Lease State, Federal or Fee	Lease No. LG-1041
Location Unit Letter 1 : 810 Feet From The East Line and 1980 Feet From The South				
Line of Section 14 Township 9-S Range 32-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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) Box 900, Dallas, Texas 75221	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Unknown at present time.	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 14
	Twp. 9-S	Pge. 32-E
	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)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded April 7, 1974	Date Compl. Ready to Prod. July 26, 1974		Total Depth 10,695		P.B.T.D. 9006'			
Elevations (DF, RKB, RT, GR, etc.) 4328 GL	Name of Producing Formation Bough "C"		Top Oil/Gas Pay 8866		Tubing Depth 8815'			
Perforations 8866-8880				Depth Casing Shoe 9073'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8		396		400			
11"	8-5/8"		3760		400			
7-7/8"	5-1/2"		9009		400			

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 6-24-74	Date of Test 6-24-74	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 24 hours	Tubing Pressure zero	Casing Pressure packer	Choke Size none
Actual Prod. During Test 240 total fluid	Oil-Bbls. 120	Water-Bbls. 120	Gas-MCF 140

GAS WELL

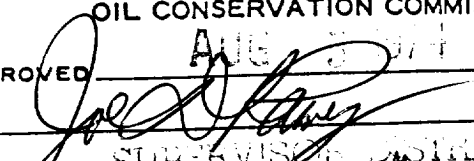
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


(Signature)
Production Manager
July 26, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19
BY
TITLE SUPERVISOR DISTRICT 1

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.