

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  
**ARWOOD, LTD.**

Address  
**P.O. Box 20200, Dallas, Texas 75220**

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

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner **Stallworth Oil & Gas, 407 West Missouri Avenue, Midland, Texas 79701**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Mitchell</b>	Well No. <b>3Y</b>	Pool Name, Including Formation <b>Maljamar Grayburg S.A.</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>LC 058775</b>
Location Unit Letter <b>L</b> ; <b>1720</b> Feet From The <b>S</b> Line and <b>400</b> Feet From The <b>W</b>				
Line of Section <b>5</b> Township <b>17</b> Range <b>32</b> , NMPM, <b>Lee</b> 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"/> <b>Navajo Refining Co., Pipe Line Division</b>	Address (Give address to which approved copy of this form is to be sent) <b>N. Freeman Ave., Artesia, N. M. 88210</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 <b>L</b>	Sec. <b>5</b>
	Twp. <b>17</b>	Rge. <b>32</b>
	Is gas actually connected? <b>No</b> 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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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.

**ARWOOD, LTD.**

**Frazier Arwood** (Signature) **Gen. Partner**  
(Title)  
**Feb. 1, 1971** (Date)

OIL CONSERVATION COMMISSION

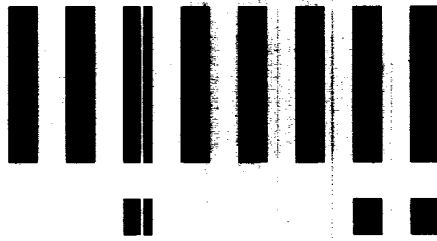
APPROVED **FEB 18 1971**, 19  
BY **[Signature]**  
TITLE **[Signature]**

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.

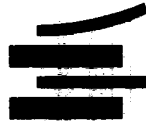
RECEIVED

FEB 17 1971

OIL CONSERVATION COMM.  
HOBBES, N. H.



**LTR**



**Job separation sheet**



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TRANSPORTER	OIL
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NEW MEXICO OIL CONSERVATION COMMISSION  
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Form C-104  
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Effective 1-1-65

I. Operator **Stallworth Oil & Gas**  
Address **407 West Missouri Avenue, Midland, Texas 79701**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name and address of previous owner **Ryder Scott Management Co.  
922 - 8th Street, Wichita Falls, Texas 76301**

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Mitchell** Well No. **31Y** Pool Name, including Formation **Maljamar Grayburg S.A.** Kind of Lease **Federal** Lease No. **LC 058775**  
Location **L 1720** Feet From The **S** Line and **400** Feet From The **W**  
Unit Letter **L** Line of Section **5** Township **17** Range **32** NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☐  
**Navajo Refining Co., Pipe Line Division** Address (Give address to which approved copy of this form is to be sent) **N. Freeman Ave., Artesia, N.M. 88210**  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
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 **L** Sec. **5** Twp. **17** Rge. **32** 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 ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v.  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 Date of Test Producing Method (Flow, pump, gas lift, etc.)  
Length of Test Tubing Pressure Casing Pressure Choke Size  
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

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.

**STALLWORTH OIL & GAS**

**Murray E. Helmers**  
Murray E. Helmers (Signature)  
Engineer (Title)

June 1, 1970 (Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 15 1970**, 19  
BY **[Signature]**  
TITLE **RECEIVED DISTRICT 1**

This form is to be filed in compliance with RULE 1104.

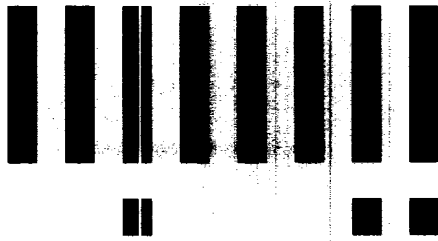
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All sections of this form must be filled out completely for allowable on new and recompleted wells.

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 multiphase completed wells.

RECEIVED  
SEP 14 1970  
OIL CONSERVATION COMM.



**LTR**



**Job separation sheet**





(July 1968)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE  
(Other instructions  
reverse side)

Form Approved  
Budget Bureau No. 42-11421

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill ~~up to~~ deeper or plug back into different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 058775	
2. NAME OF OPERATOR Ryder Scott Management Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 922 - 8th Street, Wichita Falls, Texas 76301		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1720' FSL, 400' FWL		8. FARM OR LEASE NAME Mitchell	
14. PERMIT NO.		9. WELL NO. <del>3</del> 3-Y	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4056' G. L.		10. FIELD AND POOL, OR WILDCAT Gbr SA - Maljamar	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 5 - 17 - 32	
		12. COUNTY OR PARISH Lea	
		13. STATE N. M.	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☒

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Work will start approximately 7-10-69

Will set bridge plug with cement cap across top of perforations;  
100' cement plug in and out of shoe of surface pipe;  
10 sack cement plug in top of surface pipe;  
cap welded over surface pipe & 4' marker erected showing well number and location;  
hole will be filled with mud-laden fluid.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Agent

DATE

7-7-69

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

JUL 14 1969

AMERICA'S ENERGY  
DISTRICT ENGINEER

\*See Instructions on Reverse Side