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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

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 ☐
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 Name, including formation **2 Maljamar Grayburg S.A.** Federal **LC 061434**
Location **P 600** Feet From The **S** Line and **660** Feet from Line **E**
Unit Letter **P** **600** Feet From The **S** Line and **660** Feet from Line **E**
Line of Section **6** Township **17** Range **32** Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Injection Well
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 Ser. Twp. Rge. Is gas acted on? When

IV. COMPLETION DATA
Designate Type of Completion - (X)
Date Spudded Date Comp. Ready to Prod. Total Depth P.E.T.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pkg. Tubing Casing
Perforations
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/MCF 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 (Signature)
Engineer (Title)
June 1, 1970 (Date)

OIL CONSERVATION COMMISSION
APPROVED **SEP 5 1970**
BY **[Signature]**
TITLE **SUPERVISOR DISTRICT**

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 all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.

1980-1981

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SEP 14 1970

ON CONSERVATION



LTR



Job separation sheet

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 061434

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mitchell

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

sec. 6, 17S, 32E

12. COUNTY OR PARISH

Lea

13. STATE

N. M.

1. OIL ☐ WELL GAS ☐ WELL OTHER ☒ WIW

2. NAME OF OPERATOR

Ryder Scott Management Company

3. ADDRESS OF OPERATOR

922 - 8th Street, Wichita Falls, Texas 76301

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

600; ~~FSL~~ & 660' ~~FSL~~

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4045' G. L.

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 ^{at 3450'} 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 & location;
hole will be filled with mud-laden fluid.

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

SIGNED

Ann S. Halsey

TITLE

Agent

DATE

7-7-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
AS AMENDED
JUL 14 1969
ARTHUR R. B. M. M.
DIRECTOR, GEOLOGICAL SURVEY

*See Instructions on Reverse Side