## I NERGY AND MINERALS DEPARTMENT

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

	REQUEST FOR ALLOWABLE							
	AND  OFFINATION AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
3.	Operation OFFICE							
•	P.O. Box 64548, - Dallas, Texas 75206							
	Reason(s) for filing (Check proper box)  Other (Please explain)							
	New Well							
	Recompletion OII Dry Gas Change in Ownership X Casinghead Gas Condensate							
	If change of ownership give name and address of previous owner	Arwood Ltd. P. O. Box 6	54548, Dallas, ]	exas 7520	<u> </u>			
÷	DESCRIPTION OF WELL AND	LEASE		Kind of Lease		<del></del>		
	Lease Name	Well No. Pool Name, Including Fo		State, Federal	or Faa	Lease No.		
	Buckley Location	camp Store, Pederoli		Fee				
	Unit Letter N : 43	O Feet From The South Line	• and 1670	Feet From T	h• West			
	Line of Section 25 To	waship 14 Range	37 , NMPN	u. Le	a ;;	County		
	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S					
٠,	Name of Authorized Transporter of Oil Amoco Pipeline Co.	or Condensate	P.O. Box 591		ed copy of this form is t klahoma 74102	obesent)		
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)					
	None		Is gas actually connec	ted? Whe				
	If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.	NO	1				
		th that from any other lease or pool,	give commingling orde	er number:				
٠.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back   Same Res	'v. Diff. Res'v.		
	Designate Type of Completion	on = (X)		!	, , , , , , , , , , , , , , , , , , ,	<u> </u>		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth			
	Perforations .	<u> </u>	1		Depth Casing Shoe			
		TUBING, CASING, AND	CEMENTING RECO	RD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEN	IENT		
						<del></del>		
	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this de	fter recovery of total vol pth or be for full 24 hou	ume of load oil (	and must be equal to or e	exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo		(i, etc.)			
		Tubing Pressure	Casing Pressure		Choke Size			
	Length of Test	I doing Pleasure			Gas • MCF			
	Actual Prod. During Test	OII-Bble.	Water-Bbls.		Gda-MCr	•		
					,			
	GAS WELL		Bbls. Condensate/MM0	OF.	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (fibu	t-10)	Choke Size			
. 1.	CERTIFICATE OF COMPLIANCE		OIL (	CONSERVAT	TON DIVISION			
I hereby certify that the rules and regulations of the Oil Conservation			APPROVED, 19					
	me to the known been complied with	APPROVED Day Regard by						
	above is true and complete to the C. E. Staples	Service Control of the Control of th						
			TITLE De Lagra					
BY: In Jun armore  ATTORNEY-IN-FACT FRAZIER ARWOOD.			This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.					
								Owner-Operator
	(Ti	ale)	All sections of this form must be filled out completely for allowable on new and recompleted wells.					
	July 27, 1981	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						
	(De		1.5		a har dilad dan madh s	and to englished		

Separate Forms C-104 must be filed for each poul in multiply enumbered wells.

Effective 9-1-81

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IV.

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65			
FILE	AND ANTHORIZATION TO TRANSPORT OF AND MATURAL CAS					
LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
OIL						
TRANSPORTER GAS						
OPERATOR						
PRORATION OFFICE						
Operator	:1 6 656					
Stallworth O	il & GdS					
1	souri Avenue, Midland,	Texas 79701				
Reason(s) for filing (Check proper	box)	Other (Please explain)				
New Well	Change in Transporter of:					
Recompletion	Oil Dry Ga	<b>≒</b>				
Change in Ownership	Casinghead Gas Conder	nsate				
If change of ownership give nam	<sup>e</sup> Ryder Scott Managemer	nt Co., 922 8th Stre	et, Wichita Falls,			
	•		Texas 76301			
I. DESCRIPTION OF WELL AN	Well No. Pool Name, Including F	ormation Kind of Lea	se Lease No.			
Buckley	1 Denton Wolf	Fcamp State, Feder	al or Fee			
Location						
Unit Letter N ;	430 Feet From The South Lin	ne and 1670 Feet From	The West			
	16. 3**	•	_			
Line of Section 25	Township 14 Range 3	, NMPM,	County			
DECICNATION OF TRANSPO	ORTER OF OIL AND NATURAL GA	AS				
Name of Authorized Transporter of	Oil Or Condensate	Address (Give address to which appr				
Amoco Pipeline Co		P. O. Box 1979, Tu				
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which appr	oved copy of this form is to be sent)			
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	hen			
give location of tanks.		<u> </u>				
	with that from any other lease or pool,	give commingling order number:				
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v			
Designate Type of Compl	etion - (X)					
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			
			Depth Casing Shoe			
Perforations						
	TUBING, CASING, AN	D CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
		+				
			11			
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load o epth or be for full 24 hours)	il and must be equal to or exceed top allow			
OIL WELL Date First New Oil Run To Tanks		Producing Method (Flow, pump, gas	lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
		Water - Bbls.	Gas - MCF			
Actual Prod. During Test	Oil-Bbls.	Wdfer - DDIs.	Gas inc.			
GAG WET						
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			
	IANCE	OH CONSERV	/ATION COMMISSION			
VI. CERTIFICATE OF COMPL	IANUE					
والمستوان المستوال المستوان ال	and regulations of the Oil Conservation	APPROVED	, 19			
Cindian have been compli	ed with and that the information given		& March			
above is true and complete to	the best of my knowledge and belief.  THOILS GAS	BY_				
STALLWUK	in oil and	TITLE	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
4116	W //	This form is to be filed i	n compliance with RULE 1104.			
111 65	Kell	The state of the second of the state of the	lowable for a newly drilled or deepens			
Murray E. Helmer	Signature)	well, this form must be accome tests taken on the well in accome	panied by a tabulation of the deviation cordance with RULE 111.			
	Engineer	All sections of this form	must be filled out completely for allow			

(Title)

(Date)

June 1, 1970

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.

OIL COMPANY IN THE PARTY OF THE

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