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DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator Stolts	& Com	aber -	V

	SANTA FE	REQUEST	FOR ALLOWABLES. C.	Form C-104 Supersedes Old C-104 and C-11						
	FILE		AND	Effective 1-1-65						
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND WATURAL G	SAS .						
	1011	- t	AAR CO 3 39 miles							
	TRANSPORTER GAS	1								
	OPERATOR									
I.	PRORATION OFFICE Operator	<u> </u>								
	Stolts & Company									
	Address C/o Oil Reports &	Gas Services, Box 763,	Hobbs New Marries							
	Reason(s) for filing (Check proper box		Other (Please explain)							
	New Well	Change in Transporter of:	Office (1 sease explain)							
	Recompletion	Oil Dry Ga	s 🔲							
	Change in Ownership	Casinghead Gas Conden	sate							
	If change of ownership give name and address of previous owner									
		LINDESIC	TIVALLE /**	erson Ranch-Wollcamp						
II.	DESCRIPTION OF WELL AND	Weil No. Pool Name, Including Fo	11/10/	Legse No.						
	Standard State		Ranch-Wolfcamp State, Federal							
	Location		214	••						
	Unit Letter C ; 330	Feet From The North Lin	e and <u>1650</u> Feet From T	The West						
	Line of Section 34 Tow	vnship 158 Range	32E , NMPM, Le	& County						
***	DECICNATION OF TRANSPORT	000 OF OH AND MARKED AT CAR	•							
111.	Name of Authorized Transporter of Oil	or Condensate	S Address (Give address to which approv	ed copy of this form is to be sent)						
	Pan American Petroleum		Box 1725, Midland, Tex							
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)						
		Unit Sec. Twp. Rge.	Is gas actually connected? Whe	PR .						
	If well produces oil or liquids, give location of tanks.	C 34 158 32E	No							
		th that from any other lease or pool,	give commingling order number:							
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.						
	Designate Type of Completion		X							
	10/16/66	Date Compl. Ready to Prod. 11/30/66	Total Depth 10,334	P.B.T.D. 10,300						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
	4285.8	Welfcamp	10,170	10,105 Depth Casing Shoe						
	Perforations 10,170-76, 10,233-35	51, 10,239-41, 10,245-47,	10,250-60	10,330						
		TUBING, CASING, AND	CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT						
	16	13 3/8 8 5/8	1/80 0004	450 600						
	7 7/8	4 1/2	10,330	250						
		2 3/8	10,105							
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil a pth or be for full 24 houre)	and must be equal to or exceed top allow-						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	t, etc.)						
	11/30/66 Length of Teet	3/15-16-67 Tubing Pressure	Kobe Pump Casing Pressure	Choke Size						
	24 hrs	Kobe Pump	Kobe Pump							
	Actual Prod. During Test	Oil-Bble.	Water - Bbie.	Gas - MCF						
	130 30		100	29						
	GAS WELL									
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size						
VI. CERTIFICATE OF COMPLIANCE		CE	OIL CONSERVA	TION COMMISSION						
		and the Oil Consequention	APPROVED , 19							
	I hereby certify that the rules and r Commission have been complied w	ith and that the information given								
above is true and complete to the best of my knowledge and belief. Agent (Signature) Agent (Title) March 29, 1967 (Date)			BY							
			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 transporten or other such change of condition.							
							(Da	ŧΕ <i>)</i>	A	· · · · · · · · · · · · · · · · · · ·
									Separate Forms C-104 must completed wells.	be filed for each pool in multiply

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