

DATE OF ORDER RECEIVED	
DISTRICT OFFICE	
DATE RECEIVED	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-104 and
Effective 1-1-65

Operator WAGNER & BROWN	
Address Box 1714, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: Effective 7-1-78
Recompletion ☐	Oil ☐ Dry Gas ☐ This is a salt water disposal well.
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner **Stoltz, Wagner & Brown, Box 1714, Midland, Texas 79702**

1. DESCRIPTION OF WELL AND LEASE				
Lease Name Humble (X) SWD	Well No. 1	Pool Name, including Formation	Kind of Lease State Federal or Fee	Lease No.
Location				
Unit Letter C	510	Feet From The North Line and 1830	Feet From The West	
Line of Section 6	Township 15S	Range 35E	NMCM, Lea	County

2. 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)			
None				
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)			
None				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.
Is gas actually connected?		When		

If this production is commingled with that from any other lease or pool, give commingling order number:

3. COMPLETION DATA				
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	6			
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	

4. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of land 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	lbs. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

5. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION OCT 4 1978	
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.		APPROVED _____, 19	
R. Busby (Signature)		Orig. Signed by John Runyan	
Agent		Geologist	
6/15/78 (Date)		TITLE _____	
		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 production taken on the well in accordance with RULE 111.	
		All portions of this form must be filled out completely for all wells, new and re-completed wells.	
		Fill out only Sections I, II, III, and VI for changes of name, well name or number, or transporter, or other such change of conditions.	