

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR	
Operator C. W. Stumhoffer	
Address Suite 1007 Ridglea Bank Building, Fort Worth, Texas 76116	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Other (Please explain) Request a test allowable of 600 barrels for oil produced while cleaning well up and a daily allowable of 15 BOPD subsequent to this filing.

If change of ownership give name and address of previous owner: THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW IF YOU DO NOT OBTAIN APPROVAL TO SHARE CASINGHEAD GAS FROM THIS WELL, YOU MUST OBTAIN IT FROM THE MINERALS MANAGEMENT SERVICE BLM

II. DESCRIPTION OF WELL AND LEASE

Lease Name Stivason Federal	Well No. 1	Pool Name, Including Formation Pearl Queen K 2	Kind of Lease State, Federal or Fee Federal	Lease NM 57285
Location Unit Letter A : 660 Feet From The North Line and 330 Feet From The East Line of Section 26 Township 19S Range 34E, NMPM, Lea 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"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Not Connected	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 A Sec. 26 Twp. 19S Rge. 34E	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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Rest'v. <input type="checkbox"/> Diff. <input type="checkbox"/>		
Date Spudded 8/30/84	Date Compl. Ready to Prod. 10/13/84	Total Depth 5175' KDB	P.B.T.D. 5136' KDB
Elevations (DT, RKD, RT, GR, etc.) 3763.5 GR, 3773.5 KDB	Name of Producing Formation Queen	Top Oil/Gas Pay 4922' KDB	Tubing Depth 4978' KDB
Perforations 4922' - 30' KDB			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8-5/8" OD	1781' KDB	775
7-7/8"	5-1/2" OD	5175' KDB	360
5"	2-3/8" OD	4978' KDB	None

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 10/20/84	Date of Test 12/30/84	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 20 psig	Casing Pressure 20 psig	Choke Size None
Actual Prod. During Test 23 BF	Oil-Bbls. 15	Water-Bbls. 8	Gas-MCF TSTM

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

C.W. Stumhoffer

C. W. Stumhoffer (Signature)
Operator (Title)

January 9, 1985 (Date)

OIL CONSERVATION DIVISION
JAN 15 1985

APPROVED _____, 19__

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

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 device 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 conditions.

Separate Form C-104 must be filed for each pool in multi-completed wells.

RECEIVED

JAN 14 1985

U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION