Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

O. C. D.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Read & Stevens, Inc.	

Address
P.O. Box 1518, Roswell, NM 88202

Reason(s) for Filing (Check proper box)

New Well ☐ Recompletion ☐ Change in Operator ☐

Change in Transporter of:
Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate ☐

[X] Other (Please explain)

Plug back

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE   Wildcat

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Marbob St.	1	~~Palmillo~~ Bone Spring	State, Federal or Fee	V-2293

Location

Unit Letter ___A___ : ___660___ Feet From The ___N___ Line and ___660___ Feet From The ___E___ Line

Section ___19___ Township ___19S___ Range ___29E___ , NMPM, ___Eddy___ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   SCURLOCK PERMIAN CORP EFF 9-1-91

			Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Oil Permian	[X]	or Condensate ☐	
Name of Authorized Transporter of Casinghead Gas Phillips	[X]	or Dry Gas ☐	

If well produces oil or liquids, give location of tanks.	Unit A	Sec. 19	Twp. 19	Rge. 29	Is gas actually connected? yes	When? 5-11-89

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 ✓	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-26-90	5-29-90	11450'	10098'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3358' GL	Bone Spring	8284	9729

Perforations		Depth Casing Shoe
8284-9021		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	13 3/8	375'	375 Part ID-2
11	8 5/8	2800'	1250 8-10-90
7 7/8	5 1/2	10150'	1965 temp BS

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5-28-90	6-1-90	Pumping	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hr			

Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
	110	30	200

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

VI. OPERATOR 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.

Signature _____

Printed Name ___John C. Maxey, Jr.___ Title ___Petroleum Engineer___

Date ___8/1/90___ Telephone No. ___505/622-3770___

OIL CONSERVATION DIVISION

Date Approved ___AUG 9 1990___

By ___ORIGINAL SIGNED BY___
MIKE WILLIAMS

Title ___SUPERVISOR, DISTRICT II___

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.