ĺ	NO. OF COPIES RECEIVED					
1.	DISTRIBUTIO	i				
	SANTA FE					
	FILE					
	U.S.G.S.					
	LAND OFFICE		_			
	TRANSPORTER	OIL		_		
		GAS				
	OPERATOR					
	PRORATION OF					
	Operator					
	Read & Stevens, Ir					
	Address					
	P.O. Box 2126, Rosv					
	Reason(s) for filing (Check proper bo					
	New Well					
	Recompletion Change in Ownership X					
	Change III Ownership [25]					
	If change of ownership give name and address of previous owner					
	DESCRIPTION OF WELL ANI					

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	SANTA FE	REQUEST FO	OR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
FILE						
-	U.S.G.S.	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL	GAS		
-	LAND OFFICE					
	TRANSPORTER GAS					
ŀ	OPERATOR					
1.	PRORATION OFFICE					
	Operator			•		
	Read & Stevens, Inc.					
l	Address	II New Mexico 88201				
P.O. Box 2126, Roswell, New Mexico 88201 Reason(s) for filing (Check proper box) Other (Please explain)						
	Change in Transporter of:					
Recompletion Oil Dry Gas Effective January 1, 1971						
	Change in Ownership X	Casinghead Gas Condense	ite			
	If change of ownership give name and address of previous owner	Charles B. Read, P.O. E	Box 2126, Roswell, N	ew Mexico 88201		
II	DESCRIPTION OF WELL AND I	LEASE				
	Lease Name	Well No. Pool Name, including 1 of	3937373	h l		
	Continental State	1 Vada Pen	n Side			
	Location / D 107	Month time	and 1070 1 Feet From	The West		
	Unit Letter F : 197	6.6 Feet From The North Line	and 1970.1 Feet From			
	Line of Section 18 Tow	vnship 10S Range 34	E , NMPM,	Lea County		
III.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)		
	Name of Authorized Transporter of Oil					
	Amoco Pipeline Compa	singhead Gas X or Dry Gas	Address (Give address to which appr	Lubbock, Texas 79413 roved copy of this form is to be sent)		
	Warren Petroleum Con	rp.	P.O. Box 1589, Tuls:			
	If well produces oil or liquids,	Out 1 seed 1 see	Is gas actually connected?	/hen		
	give location of tanks.	C 18 10S 34E				
	If this production is commingled with	th that from any other lease or pool, g	ive commingling order number:			
IV.	COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic			P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	1.5		
	Elevations (DF, RKB, RT, GR, etc.)	Ions (DF RKR RT CR etc.) Name of Producing Formation Top Oil/Gas Pay		Tubing Depth		
	Elevations (E1), KKB, K1, GK, etc.)	syditons (Dr., RRB, RI, GR, etc.)				
	Perforations Depth Casing Shoe					
		- CARLOS AND	CEMENTING RECORD			
		TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE				
				U. I. and be applied as assessed top allow		
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to able for this depth or be for full 24 hours)						
OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				lift, etc.)		
				Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	Choir Size		
	Tool	Oil-Bbis.	Water - Bbls.	Gas - MCF		
	Actual Prod. During Test	3 23.3.				
		_				
GAS WELL				Gravity of Condensate		
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	G.G.W., G. Company		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
- OU CONSERVATION COMMISSION						
V	I. CERTIFICATE OF COMPLIAN	NCE.	APPROVED . 19			
	I hereby certify that the rules and	regulations of the Oil Conservation				
	Commission have been complied	with and that the information given he best of my knowledge and belief.				
	above is true and complete to the	no near or my knowledge and possess	LIPERVISO	DR DISTINCT		
			TITLE TOLERVISOR STATE			

(Title)

(Date)

Production Clerk

January 27, 1971

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 transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply