

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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Read & Stevens, Inc.		Well API No. 30-025-22740
Address P.O. Box 1518, Roswell, NM 88202		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		<input type="checkbox"/> Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 5-23-90 EXCESS AN EXCEPTION TO R-4070 IS OBTAINED.
If change of operator give name and address of previous operator		THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONSENT NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Continental State	Well No. 2	Pool Name, Including Formation Lane Abo	Kind of Lease State, Federal or Fee	Lease No. K-112
Location Unit Letter M : 660 Feet From The S Line and 660 Feet From The W Line Section 7 Township 10S Range 34E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Conoco Surface Transp.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1267, Ponca City, OK 75601				
Name of Authorized Transporter of Casinghead Gas Warren Petroleum	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1588, Tulsa, OK 74102				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 18	Twp. 10S	Rge. 33E	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3/12/90	Date Compl. Ready to Prod. 3/23/90	Total Depth 9920	P.B.T.D. 9100					
Elevations (DF, RKB, RT, GR, etc.) 4201 GL	Name of Producing Formation Abo	Top Oil/Gas Pay 8912	Tubing Depth 8820					
Perforations 8912---8933	Depth Casing Shoe 9918							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
15	12 3/4		408			350		
11	8 5/8		4010			500		
7 7/8	5 1/2		9918			500		
	2 3/8		8820					

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 Runs To Tank 3/23/90	Date of Test 3/23/90	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 105	Casing Pressure nkr	Choke Size 20/64
Actual Prod. During Test	Oil - Bbls. 138	Water - Bbls. 40	Gas - MCF 215

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. 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 John C. Maxey, Jr.  
Printed Name John C. Maxey, Jr. / Petroleum Engineer  
Date 3/28/90 Telephone No. 505/622-3770

OIL CONSERVATION DIVISION

Date Approved

APR 02 1990

By ORIGINAL SIGNED BY JERRY BENTON  
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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