

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Read & Stevens, Inc.		Well API No. 30-025-31413
Address P.O. Box 1518, Roswell, NM 88202		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		Other (Please explain) This well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

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 CONCUR THIS OFFICE.

Lease Name North Lea Federal	Well No. 5	Pool Name, including Formation Quail Ridge Delaware 4/1/82	Kind of Lease State, Federal or Free	Lease No. NM-56264
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>N</u> Line and <u>1980</u> Feet From The <u>W</u> Line Section <u>10</u> Township <u>20S</u> Range <u>34E</u> , NMPM, Lea County				

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Permian		Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648, Houston, TX 77210-4648		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		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 C	Sec. 10	Twp. 20S	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: _____

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 11/17/91 ✓	Date Compl. Ready to Prod. 12/23/91	Total Depth 6,460'		P.B.T.D. 6,390'					
Elevations (DF, RKB, RT, GR, etc.) 3,637' GL	Name of Producing Formation Delaware	Top Oil/Gas Pay 6,058'		Tubing Depth 6,042'		Depth Casing Shoe			
Perforations 6,058-6,078'									
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17 1/2" ✓	13 3/8" ✓		1581' ✓		860 sx tailed w/250' sx				
7 7/8" ✓	5 1/2"		6434'		2200 sx				

Date First New Oil Rns To Tank 12/23/91				Date of Test 12/29/91		Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 16 hrs. / 24		Tubing Pressure pumping		Casing Pressure 0		Choke Size	
Actual Prod. During Test		Oil - Bbls. 48 / 72		Water - Bbls. 11 / 17		Gas- MCF TSTM	

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 12/30/91 Title _____
Telephone No. 505/622-3770

OIL CONSERVATION DIVISION
JAN 02 '92

Date Approved _____
By _____
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.