

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

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SEP 23 1981

O. C. D.
ARTISIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	
Operator	

READ & STEVENS, INC. /

Address
P.O. BOX 1518, ROSWELL, NM 88201

Reason(s) for filing (Check proper box)	DESIGNATION OF	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	EFFECTIVE 9/16/81
Recompletion <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
GULF WEST MESA	2	BUNKER HILL PENROSE	State, XXXXXXXXX	E-4199

Location
Unit Letter D ; 660 Feet From The NORTH Line and 660 Feet From The WEST Line of Section 24 Township 16S Range 31E , NM494 , EDDY County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	P.O. BOX 2256, WICHITA, KANSAS 67201
KOCH OIL COMPANY	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
PHILLIPS PETROLEUM COMPANY	BARTLESVILLE, OK
Does well produce oil or liquids, give location of tanks.	is gas actually connected? When
Unit <u>M</u> Sec. <u>13</u> Twp. <u>16S</u> Rge. <u>31E</u>	YES 9/16/81

if this production is commingled with that from any other lease or pool, give commingling order number:

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"/>	Some Other, Diff. Back <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
2/4/81	4/1/81	4242'	3790'					
Deviation (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4486.5' GR	PENROSE	3600'	3661'					
Perforations			Depth Casing Shoe					
3600-22'			4242'					

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	1252'	550 SX.
7 7/8"	4 1/2"	4242'	775 SX.
	2 3/8"	3661'	

TEST DATA AND REQUEST FOR ALLOWABLE	(Test must be after recovery of total volume of lead oil and must be equal to or exceed top oil available for this depth or be for full 24 hours)		
Oil Well	Date of Test	Producing Method (flow, pump, gas lift, etc.)	
Note First New Oil Run To Tanks	4/1/81	PUMPING	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HRS.	-	-	-
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
30	29	1	28

GAS WELL	Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size	

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]
PRODUCTION CLERK
(Title)
SEPTEMBER 22, 1981
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 24 1981
BY W.A. Gressett
TITLE SUPERVISOR, DISTRICT 2

This form is to be filed in compliance with RULE 1105.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviator 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 ownership, name of number, or transporter, or other such change of conditions.
Separate Form C-104 must be filed for each pool in multiple completions.

*Added ID-3
Added CGT-PP
9-25-81*