

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

OIL CONSERVATION DIVISION

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

RECEIVED

OCT 11 '90

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Read & Stevens, Inc.		Well API No. Casinghead Gas MUST NOT BE	
Address P.O. Box 1518, Roswell, NM 88202		FLARED AFTER 12-12-90	
Reason(s) for Filing (Check proper box)		UNLESS AN EXCEPTION TO: RULE 306 IS OBTAINED	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	<input checked="" type="checkbox"/> Other (Please explain)	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	200 bbl test allowable	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jamie Federal	Well No. 2	Pool Name, Including Formation Shugart, Y, SR, Q, G	Kind of Lease State Federal X X Fed	Lease No. NM-28096
Location				
Unit Letter D : 660 Feet From The N Line and 810 Feet From The W Line				
Section 14 Township 18S Range 31E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Permian	P.O. Box 1183, Houston, TX 77002	
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	Bartlesville, OK 74004	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 14
	Twp. 18S	Rge. 31E
	Is gas actually connected? No	
	When? Phillips building line	

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 <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"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 8-31-90	Date Compl. Ready to Prod. 9-9-90		Total Depth 4,490'		P.B.T.D. 4,354'			
Elevations (DF, RKB, RT, GR, etc.) 3,714' GL	Name of Producing Formation Grayburg		Top Oil/Gas Pay 4,092'		Tubing Depth 4,016'			
Perforations 4,092-4,102					Depth Casing Shoe 4,449'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	412'	250 sx
7 7/8"	4 1/2"	4,490'	1000 sx + 300 sx

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 10-8-90	Date of Test 10-8-90	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure 0	Choke Size
Actual Prod. During Test	Oil - Bbls. 80	Water - Bbls. 69	Gas - MCF 25

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. Title Petro Engineer
Date 10/10/90 Telephone No. 505/622-3770

OIL CONSERVATION DIVISION

Date Approved OCT 12 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.