

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		/
FILE		/
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED

NOV 17 1967

I. Operator **CHARLES B. READ** **O. B. G. ARTESIA, OFFICE**

Address **P. O. Box 2126, Roswell, New Mexico, 88201**

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
Also amended to show correct completion date of 5/31/67.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Buffalo Valley Com.	Well No. 1	Pool Name, Including Formation Buffalo Valley Perm.	Kind of Lease State, Federal or Fee	Lease No. K-2431 OG-2406
Location				
Unit Letter F : 1650 Feet From The North Line and 1650 Feet From The West				
Line of Section 2 Township 15S Range 27E , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Scurlock Oil Company	428 Mid America Bldg. Midland, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
Phillips Petroleum Co. (Both)	Bartlesville, Oklahoma, 74003			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 2	Twp. 15S	Rge. 27E
	Is gas actually connected?		When Dec 1 / November 17, 1967	
	Yes			

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.
		X	X					
Date Spudded April 6, 1967	Date Compl. Ready to Prod. May 31, 1967		Total Depth 8350'		P.B.T.D. 8289'			
Elevations (DF, RKB, RT, GR, etc.) 3503' GL	Name of Producing Formation Atoka		Top Oil/Gas Pay 8180'		Tubing Depth 8100'			
Perforations 8180-8193, 8196-8213					Depth Casing Shoe 8349'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		116'		Mudded, 48' pulled			
12 3/4"	8 5/8"		1202'		600 sacks			
7 7/8"	4 1/2"		8349'		350 sacks			

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 808 MCF	Length of Test 4 hours	Bbls. Condensate/MMCF 5.68	Gravity of Condensate 60.6°
Testing Method (pilot, back pr.) 4 point back pr.	Tubing Pressure (shut-in) 1520	Casing Pressure (shut-in) pkc.	Choke Size various

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

CHARLES B. READ

(Signature)

Operator

(Title)

November 17, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE _____

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