

LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

RECEIVED

Operator Read & Stevens, Inc. ☒ FEB 22 '88
 Address _____

Reason(s) for filing (Check proper box) O. C. D.
ARTESIA OFFICE
 Other (Please explain) _____

New Well ☐ Change In Transporter Of:
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change In Ownership ☐ Casinghead Gas ☐ Condensate ☒ Effective March 1, 1988

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Buffalo Valley Cpm.	1	Buffalo Valley Penn	State, XXXXXX XXXXXX	K-2431

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

DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate ☒
SCURLOCK PERMIAN CORP
Permian Corporation

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1183, Houston, TX 77002

Name of Authorized Transporter of Casinghead Gas ☐ Dry Gas ☒
Phillips Petroleum Co.

Address (Give address to which approved copy of this form is to be sent)
4001 Penbrook Odessa, TX 79762

Does well produce oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
Give location of tanks	F	2	15S	27E	Yes	12-1-67

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff. Res'v
State Spudded	Date Compl. Ready to Prod	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc)	Name of Prod. Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>2 26 24</u>
			<u>2 26 24</u>
			<u>2 26 24</u>

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load and must be equal to or exceed top allowable for this depth or be for full 24 hours)

First New Oil Run To	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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
String Method (plot, back pr)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

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.

John Mafey
 (Signature)

Engineer
 (Title)

2-17-88
 (Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 24 1988
 BY Mike Williams
 TITLE Oil & Gas Inspector

This form is to be filed in compliance with Rule 1104.
 If this is a request for allowable for a newly drilled 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.