

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes OIL C-104 and C-105
Effective 1-1-65

OFFICE		
TRANSPORTER	<input checked="" type="checkbox"/> OIL	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/> GAS	<input checked="" type="checkbox"/>
PERATOR		<input checked="" type="checkbox"/>
REGISTRATION OFFICE		

RECEIVED

FEB 22 '88

Operator

Read & Stevens, Inc.

Address

P.O. Box 1518, Roswell, NM 88202

O. C. D.

ARTESIA, OFFICE

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well ☐
Recompletion ☐
Change In Ownership ☐

Change In Transporter Of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☒

Effective March 1, 1988

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Buffalo Valley	2	Buffalo Valley Penn	State, XXXXXX XXXXX	OG2406

Location

Unit Letter J; 1650 Feet From The South Line and 1650 Feet From The East
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 ☒ Address (Give address to which approved copy of this form is to be sent)

Permian Corporation

P.O. Box 1183, Houston, TX 77002

Name of Authorized Transporter of Casinghead Gas ☐ Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)

Phillips Petroleum Co.

4001 Penbrook Odessa, TX 79762

Well produces oil or liquids, or location of tanks	Unit <u>J</u>	Sec. <u>2</u>	Twp. <u>15S</u>	Rge. <u>27E</u>	Is gas actually connected? <u>Yes</u>	When <u>3-14-68</u>
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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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff. Res'v
Date Spudded	Date Compl. Ready to Prod			Total Depth			P.B.T.D.		
Deviations (DF, RKB, RT, GR, etc)	Name of Prod. Formation			Top Oil/Gas Pay			Tubing Depth		
Information							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Post J.D. 3</u>
			<u>2-26-88</u>
			<u>chg. J.T. MRC</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)

Date First New Oil Run To Wells:	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

WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, 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 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 M. Avey
(Signature)

Engineer
(Title)

2-17-88

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 24 1988, 19

BY Original Signed By
TITLE Mike Williams

Oil & Gas Inspector
This form is to be used in accordance 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.