

REGISTRATION TO TRANSPORT OIL AND NATURAL GAS

REGISTRATION OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

REGISTRATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes OCS-104 and OCS-105
Effective 1-1-85

RECEIVED

FEB 22 '88

Operator Read & Stevens, Inc.
Address P.O. Box 1518, Roswell, NM 88202

O. C. D.

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter Of:	
Completion	<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 checked="" type="checkbox"/>

Other (Please explain) ARTESIA OFFICE
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.
<u>Trobaugh</u>	<u>1</u>	<u>Buffalo Valley Penn.</u>	<u>State, Federal & Foreign</u>	<u>K-6798</u>
Location				
Unit Letter <u>J</u>	<u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line Of Section <u>1</u> Township <u>15S</u> Range <u>27E</u> , <u>NMPM</u> , <u>Chaves</u> County			

DESCRIPTION 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)
<u>SCURLOCK PERMIAN CORP EFF 9-1-91</u> <u>Permian Corporation</u>	<u>P.O. Box 1183, Houston, TX 77002</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Co.</u>	<u>4001 Penbrook Odessa, TX 79762</u>

Well produces oil or liquids	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
<u>ve location of tanks</u>	<u>J</u>	<u>1</u>	<u>15S</u>	<u>27E</u>	<u>Yes</u>	<u>7-15-70</u>

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
<u>te Spudded</u>	<u>Date Compl. Ready to Prod</u>	<u>Total Depth</u>	<u>P.B.T.D.</u>					
<u>evations (DF, RKB, RT, GR, etc)</u>	<u>Name of Prod. Formation</u>	<u>Top Oil/Gas Pay</u>	<u>Tubing Depth</u>					
<u>rforations</u>	<u>Depth Casing Shoe</u>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Perf ID-3</u>
			<u>2-26-82</u>
			<u>chg LTI HBC</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.)	
<u>ks:</u>	<u>Tubing Pressure</u>	<u>Casing Pressure</u>	<u>Choke Size</u>
<u>ngth of Test</u>	<u>Oil-Bbls.</u>	<u>Water-Bbls.</u>	<u>Gas-MCF</u>
<u>tual Prod. During Test</u>			

WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
<u>isting Method (pitot, back pr)</u>	<u>Tubing Pressure (Shut-in)</u>	<u>Casing Pressure (Shut-in)</u>	<u>Choke Size</u>

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. Miley
(Signature)

Engineer
(Title)

2-17-88

(Date)

OIL CONSERVATION COMMISSION

FEB 24 1988

APPROVED _____, 19

BY Original Signed By

TITLE Mike Williams

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.

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FEB 19 1988
OCD
HOBS OFFICE