

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

MAR 30 1970

Operator		Read & Stevens, Inc. ✓		O. E. C. ARTESIA, OFFICE	
Address P. O. Box 2126, Roswell, New Mexico 88201					
Reason(s) for filing (Check proper box)				Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:			
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hurd	Well No. 1	Pool Name, including Formation Buffalo Valley - <u>Atoka</u>	Kind of Lease <del>State</del> , Federal or <u>Reg</u>	Lease No. NM-2364
Location Unit Letter <u>C</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>1661.5</u> Feet From The <u>West</u>				
Line of Section <u>12</u> Township <u>15S</u> Range <u>27E</u> , NMPM, <u>Chaves</u> 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	1501 Houston Club Bldg., Houston, 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 Company	Bartlesville, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 12	Twp. 15S	Rge. 27E	Is gas actually connected? No <u>yes</u>	When <u>30 days 5-18-70</u>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

V. 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 2/5/70	Date Compl. Ready to Prod. 3/22/70		Total Depth 8699'		P.B.T.D. 8590'			
Elevations (DF, RKB, RT, GR, etc.) 3551 GL	Name of Producing Formation Atoka		Top Oil/Gas Pay 8484' 8626'		Tubing Depth 8400 RKB			
Perforations 8484' - 8515'					Depth Casing Shoe 8699' RKB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	12 3/4"		348 RKB		600 sx			
11"	8 5/8"		1614 RKB		200 sx			
7 7/8"	4 1/2"		8699 RKB		350 sx			
	2 3/8"		8400					

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 8,000,000	Length of Test 24 hrs	Bbls. Condensate/MMCF 144	Gravity of Condensate 60.6
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) 300#	Casing Pressure (Shut-in) Pkr	Choke Size 1"

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.

OIL CONSERVATION COMMISSION MAY 22 1970	
APPROVED	19
BY	<u>W. A. Gressett</u>
OIL AND GAS INSPECTOR	
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

Agent

3/26/70

(Signature)

(Title)

(Date)