

PERMISSION TO TRANSPORT OIL AND NATURAL GAS

Subchapter S and C-104 forms
Effective 1-1-83

RECEIVED

FEB 22 '88

O. C. D.
ARTESIA OFFICE

LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	<input checked="" type="checkbox"/>

Operator Read & Stevens, Inc.

Address P.O. Box 1518, Roswell, NM 88202

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Change in Transporter Of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate
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Other (Please explain)

Effective March 1, 1988

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name <u>Hurd</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Buffalo Valley Penn.</u>	Kind of Lease <u>State Federal, XXXXX</u>	Lease No. <u>NM2364</u>
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> , <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"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <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"/> <u>Phillips Petroleum Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook Odessa, TX 79762</u>

Well produces oil or liquids, or location of tanks	Unit <u>C</u>	Sec. <u>12</u>	Twp. <u>15S</u>	Rge. <u>27E</u>	Is gas actually connected? <u>Yes</u>	When <u>5-18-70</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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> 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>Part ED-3</u>
			<u>2-26-88</u>
			<u>Chg. W.T. NRC</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/MMCF	Gravity of Condensate
Testing 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 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 C. Mapey
(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 filed 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.