

AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PRORATION OFFICE		

RECEIVED

JUL 7 1970

B.C.C. ARTESIA, OFFICE

I. Operator Read & Stevens Inc.

Address P. O. Box 2126, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

Other (Please explain) \_\_\_\_\_

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Midwest Com</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Buffalo Valley Penn - Atoka</u>	Kind of Lease <u>Leasehold</u>	Lease No. <u>K-6798</u>
Location				
Unit Letter <u>M</u>	<u>990</u>	Feet From The <u>West</u> Line and <u>990</u>	Feet From The <u>South</u>	
Line of Section <u>6</u>	Township <u>15S</u>	Range <u>28E</u>	<u>NMPM,</u>	County <u>Chaves</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Scurlock Oil Company</u>	<u>1501 Houston Club Building, Houston, Texas</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Phillips Petr. Co.</u>	<u>4th &amp; Washington Odessa Texas</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>6</u>	Twp. <u>15S</u>	Rge. <u>28E</u>
	Is gas actually connected?		When	
	<u>No yes</u>		<u>Still negotiating 6-28-70</u>	

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

IV. 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 <u>7-2-70</u>	Date Compl. Ready to Prod. <u>10-9-70</u>		Total Depth <u>8670'</u>		P.B.T.D. <u>8450'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>3536' RKB</u>	Name of Producing Formation <u>Atoka</u>		Top Oil/Gas Pay <u>8392'</u>		Tubing Depth <u>8180</u>			
Perforations <u>8392- 8420 1 1/2" JS (34 Holes)</u>					Depth Casing Shoe <u>8664</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2</u>	<u>12 3/4</u>	<u>356</u>	<u>400 sx</u>
<u>11</u>	<u>8 5/8</u>	<u>1645</u>	<u>200 sx</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>8664</u>	<u>300 sx</u>
	<u>2 3/8"</u>	<u>8180</u>	

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.)	
	<u>9-29-70</u>	<u>Flowing</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hrs</u>	<u>1876#</u>	<u>0</u>	<u>19/64"</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	<u>35</u>	<u>None</u>	<u>3198.8</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
<u>3198.8</u>	<u>24 hr</u>	<u>35</u>	<u>63</u>
Testing Method (spot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
<u>1/4</u>	<u>1876#</u>	<u>per.</u>	<u>19/64"</u>

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.

Charles B. Lead  
(Signature)

Agent  
(Title)

10-9-70  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 7 1970, 19

BY W. A. Gressett

TITLE OIL AND GAS INSPECTOR

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.