

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
LAND OFFICE
TRANSPORTER
OPERATOR
PRORATION OFFICE

RECEIVED FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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 ☐ Change In Transporter Of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☒
Effective March 1, 1988
If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE
Lease Name Midwest Com. Well No. 1 Pool Name, including Formation Buffalo Valley Penn. Kind of Lease XXXXXXXXXXXX Lease No. K-6798
Location
Unit Letter M; 990 Feet From The West Line and 990 Feet From The South
Line Of Section 6 Township 15S Range 28E, NMPM, Chaves County

DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
Permian Corporation
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1183, Houston, TX 77002
Name of Authorized Transporter of Casinghead Gas ☐ Dry Gas ☒
Phillips Petroleum Corp.
Address (Give address to which approved copy of this form is to be sent)
4001 Penbrook, Odessa, TX 79762

If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When
Give location of tanks M 6 15S 28E Yes 6-28-71
If this production is commingled with that from any other lease or pool, give commingling order number: _____

1. 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. _____
Elevations (DF, RKB, RT, GR, etc) _____ Name of Prod. Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
Informations _____ Depth Casing Shoe _____

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE _____ CASING & TUBING SIZE _____ DEPTH SET _____ SACKS CEMENT
12 1/2 FD-3
2-26-X8
chg. L.T. NRC

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 _____ 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 (pilot, back prod) _____ Tubing Pressure (Shut-In) _____ Casing Pressure (Shut-In) _____ Choke Size _____

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.
John Mapey
(Signature)
Engineer
(Title)
2-17-88
(Date)

OIL CONSERVATION COMMISSION
APPROVED FEB 24 1988
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.