

NO. OF COPIES RECEIVED		2
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

Operator		Read & Stevens, Inc.	
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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Piatt State "Com"	1	Buffalo Valley Penn Ud.	State of Texas K-6844 &	K-2360
Location				
Unit Letter	D	990 Feet From The North Line and	990 Feet From The West	
Line of Section	18	Township	15S	Range 28E, NMPM, Chaves 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 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	Sec.
	D	18
		15S
		28E
		Is gas actually connected? When
		Noyes 12-15-72

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	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
4/12/72	7/31/72		8842'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
3572' GL	Atoka-Morrow		8625'			8235'		
Perforations	8625 - 8633' and 8650 - 8656'			Depth Casing Shoe			8842'	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	12 3/4"		334'		300 sx.			
11"	8 5/8"		1692'		200 sx.			
7 7/8"	5 1/2"		8842'		200 sx.			

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)

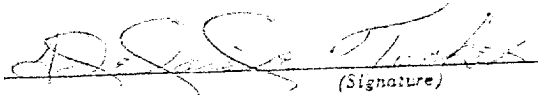
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
-			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL Dedicated Average = 326.27

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
574	24 hours	0	0
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Pilot	640#	Pkr.	16/64"

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.


(Signature)
Production Clerk
(Title)

August 4, 1972

OIL CONSERVATION COMMISSION
DEC 27 1972
APPROVED _____, 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.

Form C-104 must be filed for each pool in multiple