

Oil & Gas
Transporter
Operator
Registration Office

PERMITS TO ALLOWED
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Subchapter D-1104 and 1105
Effective 1-1-85

RECEIVED

Operator: Read & Stevens, Inc.
Address: P.O. Box 1518, Roswell, NM 88202
Reason(s) for filing (Check proper box):
New Well ☐ Change in Transporter Of:
Completion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒
Other (Please explain):
Effective March 1, 1988

30-005-60/60
FEB 22 '88
O. C. D.
ARTESIA OFFICE

DESCRIPTION OF WELL AND LEASE
Well Name: Piatt State Com Well No.: 1 Pool Name, Including Formation: Buffalo Valley Penn. Kind of Lease: State, XXXXXXXXXX Lease No.: K-6844
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

DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
SCURLOCK PERMIAN CORP EFF 9-1-91
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

Well produces oil or liquids, ☐ Unit D Sec. 18 Twp. 15S Rge. 28E Is gas actually connected? Yes When 12-15-72
Location of tanks: D 18 15S 28E
This production is commingled with that from any other lease or pool, give commingling order number: _____

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.: _____
Deviations (DF, RKB, RT, GR, etc): _____ Name of Prod. Formation: _____ Top Oil/Gas Pay: _____ Tubing Depth: _____
Formations: _____ Depth Casing Shoe: _____

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE: _____ CASING & TUBING SIZE: _____ DEPTH SET: _____ SACKS CEMENT: Test TD 3
2-26-88
by LTI 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)
First New Oil Run To: _____ 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 (pilot, 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 Mafey
(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.

HOBBS OFFICE
FEB 19 1988
HOBBS OFFICE