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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

NOV 29 1971

O. C. C.
ARTESIA, NEW MEXICO

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"/>	Casinghead Gas MUST NOT BE USED AFTER UNLESS AN EXCEPTION TO RULE IS OBTAINED
Recompletion <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>	
Change In Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead 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 Sulimar	Well No. 1	Pool Name, including Formation Sulimar Queen	Kind of Lease State Federal XXX	Lease No. NM-0282501
Location Unit Letter <u>K</u> ; <u>1800</u> Feet From The <u>South</u> Line and <u>2150</u> Feet From The <u>West</u> Line of Section <u>26</u> Township <u>15S</u> Range <u>29E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 26
	Twp. 15S	Rge. 29E
	Is gas actually connected? No	When December 1, 1971

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 10/7/71	Date Compl. Ready to Prod. 11/22/71		Total Depth 1957'		F.B.T.D. 1940'			
Elevations (DF, RKB, RT, GR, etc.) 3881.3' GL	Name of Producing Formation Queen		Top Oil/Gas R. 1916'		Tubing Depth 1898'			
Perforations 2 SPF 1916' - 1932'					Casing Shoe 1957'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		318'		200 sx.			
7 7/8"	4 1/2"		1957'		150 sx.			
	2 3/8"		1898'		-			

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)

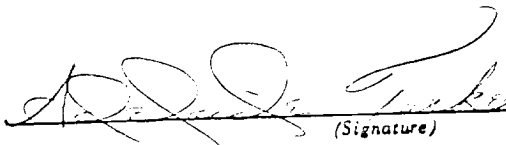
Date First New Oil Run To Tanks 11/22/71	Date of Test 11/22/71	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 20#	Choke Size Open 2 3/8"
Actual Prod. During Test 81	Oil - Bbls. 81	Water - Bbls. 0	Gas - MCF 18,875

GAS WELL

Actual Prod. Test-MCF/D -	Length of Test -	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) -	Tubing Pressure (Shut-in) -	Casing Pressure (Shut-in) -	Choke Size -

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)
November 23, 1971
(Date)

OIL CONSERVATION COMMISSION

NOV 23 1971

APPROVED _____, 19____
BY W. A. Gussert
OIL AND GAS INSPECTOR
TITLE _____

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.