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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
RECEIVED

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

FEB 27 1972

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 FLARED AFTER 4-12-72 UNLESS AN EXCEPTION TO R-4070 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. 2	Pool Name, Including Formation Sulimar - Queen	Kind of Lease State Federal Oil	Lease No. NM-0282501-A
Location Unit Letter M ; 990 Feet From The South Line and 990 Feet From The West Line of Section 26 Township 15 S Range 29 E , NMPM, Chaves 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 Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Artesia, New Mexico					
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 3-15-72

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-22-72	Date Compl. Ready to Prod. 2-17-72		Total Depth 1940'		P.B.T.D. 1920'			
Elevations (DF, RKB, RT, GR, etc.) 3851.6' GR	Name of Producing Formation Queen Sand		Top Oil/Gas Pay 1890'		Tubing Depth 1890'			
Perforations 2 SPF 1890' - 1906'					Depth Casing Shoe 1940'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8"		292'		150 sx			
7-7/8"	5-1/2"		1940'		100 sx			
	2-3/8"		1890'		-----			

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 2-17-72	Date of Test 2-17-72	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 22#	Choke Size Open 2-3/8"
Actual Prod. During Test 108	Oil-Bbls. 108	Water-Bbls. 0	Gas-MCF 32.5 MCF

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.

John L. Anderson Jr.
(Signature)
Agent
(Title)
February 13, 1972
(Date)

OIL CONSERVATION COMMISSION
APPROVED FEB 24 1972, 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.
Separate Forms C-104 must be filed for each pool in multiply