	•			,	1
Submit 5 Copies Appropriate District Office	Energy, M	State of Ne inerals and Natu	w Mexico ral Resources Departmer	u Constantin	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
DISTRICT J P.O. Box 1980, Hobbe, NM \$\$240	OILC	ONSERVA	TION DIVISION	N 66735 (99)	i pour or reger y
DISTRICT II P.O. Driver DD, Areels, NM \$2210	Sar	P.O. Bo ta Fe, New Me	xico 87504-2088		
DISTRICT III 1000 Rio Brizos Rd., Aziec, NM \$7410			LE AND AUTHORIZ		
t.	TOTRA	NSPORT OIL	AND NATURAL GA	S I Well API No.	
Operator	/			30-005-6025	3
Read & Stevens, Inc.					
P. O .Box 1518 Ross Reason(s) for Filing (Check proper bax)	well, New Mexi	<u>co 88202</u>	-1518 Other (Please explai	n)	
New Well		Transporter of:		November 1, 1993	
Recompletion		Dry Gas 🖾 Condensate			
Change in Operator					
11. DESCRIPTION OF WELL	ANDIFASE		-		
LEASE NAME	Well No.	Pool Name, Includi		Kind of Lease	Lesse No. NM-2363
Langley Com	1	Buffalo	Valley Penn		
Location Unit Letter <u>C</u>		Feet From The	North Line and165	0 ' Feet From The	West Line
12	15S	Range 27H	.•	Chaves	County
	<u></u>				
III. DESIGNATION OF TRA	NSPORTER OF O		RAL GAS Address (Give address to wh	ich approved copy of this for	m is to be sent)
Sound ock Perm	uan corp	or Dry Cas XX	Address (Give address to wh	ich approved come of this for	m is to be sent)
Name of Authorized Transporter of Casi GPM Gas Corporation	sghead Gas []		P. O. Box 5050	<u>Bartlesville, Ok</u>	74005
If well produces oil or liquids, give location of tanks.	Unit Soc.	Twp. Rge.	Is gas actually connected?	When ?	
If this production is commingled with the	t from any other lease or	pool, give commingi	ing order number:		
IV. COMPLETION DATA	Oil Well	Gas Well	New Well Workover	Deepen Plug Back S	ame Res'v Diff Res'v
Designate Type of Completion	Date Compl. Ready to	Prod.	Total Depth	P.B.T.D.	·······
-			Top Oil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, sic.) Name of Producing Formation					
Perforations				Depth Casing	Suce
			CEMENTING RECOR	D	
HOLE SIZE			DEPTH SET	Pa	ACKS CEMENT
					-19-93
V. TEST DATA AND REQUI	EST FOR ALLOW	ABLE		the for the death on he for	- full 24 hours 1
OIL WELL (Test must be after Date First New Oil Rus To Tank	Date of Test	of load oil and mus	be equal to or exceed top allo Producing Method (Flow, pu	mp, gas lift, etc.)	
Date First New Oil Kus 10 Faits				Choke Size	
Length of Tex	Tubing Pressure		Casing Pressure	:	
Actual Prod. During Test	Oil - Bble.		Water - Bbls.	Gas- MCF	
			L		
GAS WELL	Langth of Test		Bbls. Condensate/MMCF	Grivity of Co	adestate
•	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	Choke Size	
Testing Method (pilot, back pr.)	from tremts (mm.m)				
VI. OPERATOR CERTIFI	CATE OF COM	PLIANCE	OIL CON	ISERVATION D	VISION
I hereby certify that the rules and reg Division have been complied with an	ulations of the Oil Couse	rvation			
is true and complete to the best of m	y knowledge and bellef.		Date Approve	d <u>NOV - 1 19</u>	33
Shall Md	en fr				
Signature John C. Maxey, Jr. Petroleum Engineer			ByORIGINAL SIGNED BY MIKE WILLIAMS		
Prialed Name Title			TitleSUPERVISOR, DISTRICT II		
10/28/93	505/622-3 Tel	phone No.			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes,
Separate Form C-104 must be filled for each pool in multiply completed wells.