

REGISTRATION OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

PERMISSION TO TRANSPORT OIL AND NATURAL GAS

For use of Form C-104 and C-105
Effective 1-1-85

RECEIVED

Operator Read & Stevens, Inc.
Address P.O. Box 1518, Roswell, NM 88202

FEB 22 '88

O. C. D.
ARTESIA, OFFICE

Reason(s) for filing (Check proper box)

Change In Transporter Of:	
Oil	<input type="checkbox"/>
Change In Ownership	<input type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>
Dry Gas	<input type="checkbox"/>
Condensate	<input checked="" type="checkbox"/>

Other (Please explain)

Effective March 1, 1988

change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Harris Federal	2	Buffalo Valley Penn.	XXXX , Federal, XXXX	NM068043
Location	Unit Letter <u>C</u> ; <u>2310</u> Feet From The <u>West</u> Line and <u>990</u> Feet From The <u>North</u> Line Of Section <u>24</u> Township <u>15S</u> Range <u>27E</u> , <u>NMPM</u> , <u>Chaves</u> County			

DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil ☐ or Condensate ☒
Permian Corporation
Name of Authorized Transporter of Casinghead Gas ☐ Dry Gas ☒
Transwestern Pipeline Co.

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1183, Houston, TX 77002
Address (Give address to which approved copy of this form is to be sent)
P.O. Box 2521 Houston, TX 77252

Well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
Location of tanks	C	24	15S	27E	Yes	10-1-75

If 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
Is Spudded	Date Compl. Ready to Prod	Total Depth	P.B.T.D.					
Elevations (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
			<u>1-10-3</u>
			<u>2-26-XX</u>
			<u>405 RTI NRC</u>

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 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

WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back prod)	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
Mike Williams
TITLE 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.

REC-257-1-238
FEB 19 1988
CCD
HOBBS OFFICE