Submit 5 Copies Appropriate District Office DISTRICT J	1	Energy, I			ew Mexico Iral Resourc	es Departme	ä			1-1-89 tructions	
P.O. BOX 1980, Hobbe, NM 11240		OIL CONSERVA P.O. Bo				IVISIO	N (66)	T 2 5 19		m of Page	
P.O. Drawer DD, Aresis, NM \$3210		St	inta Fe		exico 8750	4-2088		A		· · ·	
DISTRICT III 1000 Rio Brizos Rd., Aziee, NM 87410		JEST F	OR AI	LOWAE		UTHORIZ	ATION		×.		
I. Operator	<u> </u>	TO TRA	ANSP	ORTOIL	AND NAI	TURAL GA		PI No.			
Read & Stevens, Inc.	/						30	-005-602	77	, 	
Address	· · · · · · · · · · · · · · · · · · ·										
	well, No	ew Mex	ico 8	8202-15		x (Piease expla	in)				
Reason(s) for Filing (Check proper bax) New Well		Change is	. Тпаро	orter of:		. (/ 1020 24-	~~				
Recompletion	Oil		Dry G		Ef	fective	Novembe	r 1, 199	3		
Orange is Operator	Casinghea	ud Gu	Conde	nate					<u></u>		
If change of operator give same and address of previous operator									<u>,,</u>	<u> </u>	
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name		Well No. 2	Pool N		ng Formation 10 Valle	w Penn		of Lease Federal 8021968	-	esse No. 58043	
Harris Federal			.l	Duite		.9 10111					
Unit LetterC	. 2	310'	Feat F	The T	Vest Um	and990		et From The _	North	Line	
				27E				haves			
Section 24 Townshi	<u>ip 1</u>	5S	Range	276	, NI	ИРМ,	·			County	
III. DESIGNATION OF TRAN	SPORTE	R OF C	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	,,	or Coade	amis		Address (Giw	e address to wh	ich approved	copy of this fo	rm is to be so	'n1)	
Name of Authorized Transporter of Casis		$L \underline{v} \underline{a}$	or Dry	Gas XX	Address (Giw	address to wh	ich approved	copy of this for	rm is to be se	unt)	
GPM Gas Corporation					P. O. B	ox 5050	<u>Bartles</u>	ville, 01			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	ls gas actually	f babaanoo	When	1			
if this production is commingled with that	from any of	her lesse or	pool, gi	ve commingi	ing order numb	xer;	1				
IV. COMPLETION DATA					·						
Designate Type of Completion	- 00	Oil Wel	11 ·	Cas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Due Spudded		pl. Ready I	o Prod.		Total Depth	L		P.B.T.D.			
					Top Oil/Gas I	4v		Tables Death			
Elevations (DF. RKB. RT. GR. ele.)	Name of F	roducing F	omuliot	i		-)		Tubing Dept	1		
Perforations	4				1			Depth Casing	Shoe		
							, D			<u> </u>	
		SING & T				NG RECOR	<u> </u>	S	ACKS CEM	ENT	
				SIZE	1			F	ntIN	-3	
HOLE SIZE		SINGAL	UDING .			· · · · · · · · · · · · · · · · · · ·		#-			
HOLE SIZE						·		/	1-19-	12 TOC-	
HOLE SIZE						· · · · · · · · · · · · · · · · · · ·			1-19-	TPC	
V. TEST DATA AND REQUES	ST FOR A	ALLOW	ABLE			· · · · · · · · · · · · · · · · · · ·			1-19-	TPC-	
V. TEST DATA AND REQUES DIL WELL (Test must be after r	ST FOR A	ALLOW otal volume	ABLE		be equal to or	exceed top allo	wable for this	depth or be fo	1-19- Lug GT # full 24 hou	73 ; TPC 	
V. TEST DATA AND REQUES DIL WELL (Test must be after r	ST FOR A	ALLOW otal volume	ABLE		be equal to or	exceed top allo thod (Flow, pu	wable for this np. gas lift, e	depth or be fo	I-19-	13 ; TPC 	
V. TEST DATA AND REQUES DIL WELL (Test must be after r Date Firm New Oil Rus To Tank	ST FOR A	ALLOW otal volume st	ABLE		be equal to or	thod (Flow, pw	wable for this np. gas lift, e	depth or be fo	1 - 1 9 - chag ET # full 24 hou	73 ; TPC 71.)	
V. TEST DATA AND REQUES DIL WELL (Test must be after r Date First New Oil Rus To Tank Length of Test	ST FOR A recovery of to Date of Te Tubing Pre	ALLOW oxal volume st essure	ABLE		be equal to or Producing Me Casing Pressu	thod (Flow, pw	wable for this np. gas lift, e	ic.) Choke Size	1 - 1 9 - chag G T w full 24 hou	τ.)	
V. TEST DATA AND REQUES DIL WELL (Test must be after r Date Firm New Oil Run To Tank Length of Tem	ST FOR A recovery of to Date of Te	ALLOW oxal volume st essure	ABLE		be equal to or Producing Me	thod (Flow, pw	wable for this np. gas lift, e	ic.)	1 - 1 9 - chag ET * full 24 hou	<u>, TPC</u> <u>n.)</u>	
V. TEST DATA AND REQUES DIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test	ST FOR A recovery of to Date of Te Tubing Pre	ALLOW oxal volume st essure	ABLE		be equal to or Producing Me Casing Pressu	thod (Flow, pw	wable for this np. gas lift, e	ic.) Choke Size	1 - 1 9 - chag G T w full 24 hou	τ.)	
V. TEST DATA AND REQUES DIL WELL (Test must be after r Date First New Oil Rus To Tank Length of Test Actual Prod. During Test GAS WELL	ST FOR A recovery of to Date of Te Tubing Pre	ALLOW otal volume st st st	ABLE		be equal to or Producing Me Casing Pressu	thod (<i>Flow, pw</i>	wable for thi np. gas lift, e	ic.) Choke Size		<u>, TPC</u> <u>n.)</u>	
V. TEST DATA AND REQUES DIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test + MCF/D	ST FOR A recovery of to Date of Te Tubing Pre Oil - Bbls.	ALLOW otal volume st st st tessire	ABLE of load		be equal to or Producing Me Casing Pressu Water - Bbis. Bbis. Condent	thod (Flow, pw re iiiw/MMCF	wable for this np. gas jift, e	IC.) Choke Size Gas- MCF Gravity of Co		71.) 	
V. TEST DATA AND REQUES DIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test + MCF/D	ST FOR A recovery of to Date of Te Tubing Pre Oil - Bbls.	ALLOW otal volume st st st	ABLE of load		be equal to or Producing Me Casing Pressu Water - Bbls	thod (Flow, pw re iiiw/MMCF	wable for thi np. gas lift, e	ic.) Choke Size Gas- MCF		<u>, TPC</u> <u>(1.)</u>	
V. TEST DATA AND REQUES OIL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test + MCF/D Festing Method (piror, back pr.)	ST FOR A recovery of to Date of Te Tubing Pre Oil - Bbls. Langth of Tubing Pre	ALLOW olal volume st tessure Test	ABLE of load	oil and must	be equal to or Producing Me Casing Pressu Water - Bbis. Bbis. Condeni Casing Pressu	thod (Flow, pur re iii.w/MMCP re (Shut-in)	np, gas ļijt, e	IC.) Choke Size Gas- MCF Oravity of Co Choke Size	n des sala		
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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.