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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

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MAY 12 1975

Operator Read & Stevens, Inc. ✓		O. C. C. ARTESIA, OFFICE		
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"/>	Change in Transporter of:	CASINGHEAD GAS MUST NOT BE FLARED AFTER <u>2-1-75</u> UNLESS AN EXCEPTION TO <u>Rule 306</u> IS OBTAINED NFO 2-130 Expires 8-20-75		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>			Dry Gas <input type="checkbox"/>
Change in Ownership <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 Harris "16" State	Well No. 1	Pool Name, including Formation <u>South Lucky Lake</u> Undesignated	Kind of Lease State, Federal or Free K-5110
Location Unit Letter <u>0</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>16</u> Township <u>15-South</u> Range <u>29-East</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 Crude Oil Purchasing Company		Address (Give address to which approved copy of this form is to be sent) P. O. Box 175, Artesia, New Mexico 88210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Chala Cryogenics		Address (Give address to which approved copy of this form is to be sent) P. O. Box 6607, Roswell, New Mexico 88201	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 16	Twp. 15-S
			Pge. 29-E
			Is gas actually connected? No
			When When line available

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 2-9-75	Date Compl. Ready to Prod. 3-24-75	Total Depth 1848'	P.B.T.D. 1830'
Elevations (DF, RKE, RT, GR, etc.) 3843.5' GR-3845' DF	Name of Producing Formation Queen sand	Top Oil/Gas Pay 1765'	Tubing Depth 1780'
Perforations 1765'-1775' w/20 holes (1/2")			Depth Casing Shoe 1848'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	303'	100 sx.
7"	4 1/2"	1848'	100 sx.

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 3-24-75	Date of Test 5-1-75	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure 80#	Choke Size -
Actual Prod. During Test	Oil-Bbls. 41	Water-Bbls. None	Gas-MCF 78

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

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the provisions 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.		APPROVED MAY 12 1975	
BY <u>John L. Anderson Jr.</u> (Signature) Agent 5-5-75 (Date)		BY <u>W. A. Gressett</u> TITLE <u>SUPERVISOR, DISTRICT II</u>	
		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.	