

APPLICATION TO TRANSPORT OIL AND NATURAL GAS

Oil and Gas Conservation Rule 1104 and 1105
Effective 1-1-87

REGISTRATION OFFICE		
TRANSPORTER	OIL	<input checked="" type="checkbox"/>
	GAS	<input checked="" type="checkbox"/>
OPERATOR		<input checked="" type="checkbox"/>
REGISTRATION OFFICE		

RECEIVED

FEB 22 '88

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

O. C. D.
MINING OFFICE

Reason(s) for filing (Check proper box)

New Well <input type="checkbox"/> Completion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>	Change in Transporter Of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
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Other (Please explain)

Effective March 1, 1988

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name Harris Federal	Well No. 4	Pool Name, Including Formation Buffalo Valley Penn.	Kind of Lease State, Federal, xxxxxx	Lease No. NM-068043
Location Unit Letter P ; 990 Feet From The South Line and 990 Feet From The East Line Of Section 26 Township 15S Range 27E , NMPM, Chaves County				

DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> SCURLOCK PERMIAN CORP EFF 9-1-91 Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77002
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492 El Paso, TX 79978

Well produces oil or liquids, or location of tanks	Unit P	Sec. 26	Twp. 15S	Rge. 27E	Is gas actually connected? Yes	When 10-1-81
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If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion-(X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff. Res'v
Date 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		
Information						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Port 10-3
			2-26-88
			by W.T. HRC

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)

Date 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 (plot, back pr)	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 Mapey
(Signature)

Engineer
(Title)

2-17-88
(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 24 1988**
BY **Original Signed By**
TITLE **Mike Williams**
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 filled for each pool in multiply.