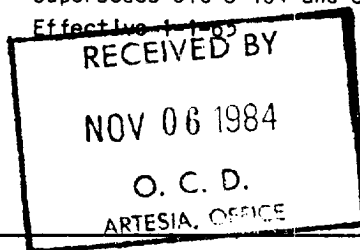


NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-83



Operator Read & Stevens, Inc.		
Address P.O. Box 1518, Roswell, NM 88201		
Reason(s) for filling (Check proper box) New Well <input type="checkbox"/> Recompletion <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"/>	Other (Please explain)

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Harris Federal	Well No. 5	Pool Name, Including Formation Buffalo Valley Penn	Kind of Lease Federal	Lease No. NM-068043
Location Unit Letter <u>E</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line Of Section <u>25</u> Township <u>15S</u> Range <u>27E</u> ,NMPM, Chaves County				

II. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refining Company	Address(Give address to which approved copy of this form is to be sent) Box 159 Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> <i>El Paso Nat. Gas Co.</i>	Address(Give address to which approved copy of this form is to be sent) <i>Box 1492</i>					
If well produces oil or liquids, give location of tanks	Unit E	Sec. 25	Twp. 15S	Rge. 27E	Is gas actually connected? <i>yes</i>	When <i>10-1-84</i>
If this production is commingled with that from any other lease or pool, give commingling order number:						

III. COMPLETION DATA

Designate Type of Completion-(X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	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			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

IV. 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

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

*B. Stephens*  
(Signature)

Drilling & Production Manager  
(Title)

November 5, 1984  
(Date)

OIL CONSERVATION COMMISSION

APPROVED *NOV 08 1984*, 19  
BY *Original Signed By*  
TITLE *Leslie A. Clements*

*Supervisor District II*

This form is to be filled 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. Forms C-104 must be filed for each pool in multiple.