

LAND OFFICE
TRANSPORTER
OPERATOR
PRODUCTION OFFICE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supplemental Form C-104 to O-100
Effective 1-1-81

RECEIVED

FEB 22 '88

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

O. C. D.
ARTESIA, OFFICE

Reason(s) for filing: (Check proper box)
New Well ☐
Recompletion ☐
Change in Ownership ☐
Change in Transporter Of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☒

Other (Please explain)

Effective March 1, 1988

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Harris Federal</u>	Well No. <u>5</u>	Pool Name, Including Formation <u>Buffalo Valley Penn</u>	Kind of Lease <u>XXXX, Federal, XXXX</u>	Lease No. <u>NM068043</u>
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, <u>Chaves</u> County				

DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

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

Well produces oil or liquids, Give location of tanks	Unit <u>E</u>	Sec. <u>25</u>	Twp. <u>15S</u>	Rge. <u>27E</u>	Is gas actually connected? <u>Yes</u>	When <u>10-1-81</u>
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If this production is commingled with that from any other lease or pool, give commingling order number:

1. COMPLETION DATA

Designate Type of Completion-(X)	<input checked="" 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					
Informations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			<u>Port ID-3</u>
			<u>2-26-88</u>
			<u>Wing LCI HRC</u>

2. 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

3. 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 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.

John Maley
(Signature)

Engineer
(Title)

2-17-88
(Date)

OIL CONSERVATION COMMISSION

FEB 24 1988

APPROVED _____, 19 ____
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.