				lus respect Car C-all services
ANSPORTER OIL	AND HOR FZ AT FOR IT C	D TRANSPORT OIL	700 NAT (167	Effective letetf E GAS RECEIVED
CERATOR				FEB 22 '88
Derator Read & Steven	s. Inc.			O. C. D.
Idress P.O. Box 1518	. Roswell. NM 88202			
ason(s) for filing (Check	proper box)	· ·	Other (Pi	ease explain)
aw Well accompletion bange in Ownership	Change In Transporter Of Oli Dry Casinghead Gas Cond		Effec	tive March 1, 1988
change of ownership give 1 address of previous owne	name r			······································
DESCRIPTION OF WELL AND L	EASE			
Harris Federal W	ell No. Pool Name, includi 6 Buffalo Val	ng Formation ley Penn.		Kind of Lease No. ★₩₩₩, Federal, ★₩₩₩₩ NM-16626
Unit Letter I ;_	1650 Feet From The	South Line a	nd 660	Feet from The East
Line Of Section 23	Township 155	Range 27E		Chaves County
DESCRIPTION OF TRANSPORTE	ER OF OIL AND NATURAL GAS	a ki Addea		RLOCK PERMIAN CORP EFF 9-1-91
Permian Corpor			IS TO be	-
me of Authorized Transport		Gas X Addres	. BOX 1 ss(Give add	183, Houston, TX 77002 dress to which approved copy of this for
El Paso Natural G	as Co.		is to be Box 149) sent)
well produces oll or liquive location of tanks				connected? When
	I 23 159 led with that from any othe		Yes , give com	<u>2-19-82</u> mingling order number:
. COPELETION DATA Designate Type of Complet				
				pen Plug Back Same Res'v Diff. Res'v
te Spudded	Date Compl.Ready to Prod	Total Depth		P.B.T.D.
evations(DF,RKB,RT,GR,etc)	Name of Prod. Formation	Top Oll/Gas Pay		Tubing Depth
rtorations	±			Depth Casing Shoe
HOLE SIZE		IG, AND CEMENT IN		
	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT
· · · · · · · · · · · · · · · · · · ·				2-26-28 c/w 1.T. HRC
TEST DATA AND REQUEST FOR	ALLOWABLE (Test must be af	ter recovery of	total volu	ume of load and must be equal to or
te First New Oll Run To	exceed top allo Date of Test	wable for this	depth or be	e for full 24 hours) pump, gas lift, etc.)
<u>nks:</u> ngth of Test	Tubles Bassa			
·	Tubing Pressure	Casing Pressure		Choke Size
tual Prod. During Test	Oll-Bbis.	Water-Bbls.		Gas-HCF
MELL	······································			
tual Prod. Test-MCF/D	Length of Test	Bbls. Condens:	ate/MMCF	Gravity of Condensate
sting Method(pitot,back pri	Tubing Pressure (Shut-In)	Casing Pressure(Shut-in)		Choke Slze
IFICATE OF COMPLIANCE	OIL CONSERVATION COMMISION			
nereby certify that the rul Conservation Commision ha	APPROVED FEB 2 4 1988			
of the Information given ab	TITLE	TITLE Mike Williams		
the best of my knowledge a	This form is fiber first in compliance with Rule 1104. If this is a request for allowable for a newly drilled wall,			
(Signature)	this form must be accompanied by a tabulation of the deviation			
(Signature)	tests taken on the woll in accordance with Rule 111, All sections of this form must be filled out completely			
Engineer	for allowable on new and recompleted wells,			
(Title)	Fill out only Sections 1,11,111, and VI for changes of owner, well name or number, or transporter, or other such			
2-17-88	change of condition, Separate Forms C-104 must be filled for each pool in			
(Date)	multiply.			
		11		

