	<u>,</u> * .					1.51	
Submit 5 Copies Appropriate District Office	Energy, M	State of Ne inerals and Natu	w Mexico ral Resources Department	· .	• .	Form C-104 Revised 1-1-89 See Instructions	
DÍSTRICT J P.O. Box 1980, Hobbe, NM \$\$240	OT.CO	ONSERVA'	TION DIVISION	· · · · ·		at Bottom of Page	
DISTRICT II P.O. Drawer DD, Arieda, NM \$1210		x 2088	• .		ţ		
DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 17410		-	xico 87504-2088				
1.			LE AND AUTHORIZAT AND NATURAL GAS	ION			
Operator				Walk	30-005-	61038	
Read & Stevnes, In				<u>t</u> _			
P. O. Box 1518 Reason(1) for Filing (Check proper bax)	Roswell, No	ew Mexico 8	Other (Please explain)				
New Well		Transporter of: Dry Gas	Effective Decem	ber 1	1993		
Recompletion Change in Operator		Condennie	<u></u>				
If change of operator give name and address of previous operator							
II. DESCRIPTION OF WELL	ND LEASE	P. 151		Kinda	Lesse	Lesse Na.	
Harris Federal Com	Well No. 6	Pool Name, Includin Buffalo	Valley Penn		ederal or Fac		
Location	1650		outh line and 660	F	• ****	East Line	
Unit Letter1		Feet From The		⊷ F∝ Chav	t From The _		
Section 23 Township	155	Range 27E	, NMPM,	- Ona v		County	
MI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
			Address (Give address to which a	anaraud	come of this for	rm is to be sent)	
Name of Authonized Transporter of Casing GPM Gas Corporation	1		P. O. Box 5050 Ba	artles	ville, (DK 74005	
If well produces oil or liquids, give location of tanks.	Unit Soc.	Twp. Rge.	Is gas actually connected?	When '	1 . 		
If this production is commingled with that from any other lesse or pool, give commingling order number: IV. COMPLETION DATA							
Designate Type of Completion .		Gas Well	New Well Workover I	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, elc.)	Name of Producing For	Top Oil/Gas Pay Tubing Depth			1		
Perforation			<u></u>	Depth Casing Shoe			
	TURNIC	CASING AND	CEMENTING RECORD	. <u>.</u>			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
					10-12-53		
						che GT: EPH	
						0	
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR ALLOWA	BLE of load oil and must	be equal to or exceed top allowab	le for this	depth or be fo	r full 24 hours.)	
Date First New Oil Run To Tank	Date of Test	· · · · · · · · · · · · · · · · · · ·	Producing Method (Flow, pump,	gas lift, ei	c.)		
Leogth of Test	Tubing Pressure		Casing Pressure		Choks Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF		
	I				L <u></u>	J	
GAS WELL Actual Prod. Test - MCF/D	Langth of Tall		Bbls. Condensate/MMCF		Gravity of Condensate		
• Toging Method (pivor, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation			OIL CONSERVATION DIVISION				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and bellef.			NOV 3 0 1993				
	Date Approved						
Signature			By ORIGINAL SIGNED BY				
Pinted Name 505/622-3770			TitleSUPERVISOR, DISTRICT I				
<u>11/24/93</u> Date		ela entrementario p	جا المعينية - الواق				
	to to be Ried to a	amplicase with '	Rule 1104				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filled for each pool in multiply completed wells.