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ADMINISTRATIVE TO TRANSPORT OIL AND NATURAL GAS

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)

Oil Well ☐ Change In Transporter Of:
Completion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☐ 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

Base Name Harris Federal	Well No. 7	Pool Name, Including Formation Buffalo Valley Penn.	Kind of Lease XXXXX, Federal, XXXXX	Lease No. NM068043
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Location

Unit Letter G ; 1980 Feet From The North Line and 1980 Feet From The East
Line Of Section 34 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 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 G	Sec. 34	Twp. 15S	Rge. 27E	Is gas actually connected? Yes	When 10-7-82
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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)	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		
Informations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			1st 70-3
			2-26-88
			26 BT NAC

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load and must be equal to or
WELL exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Wells:	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 (pilot, back prod)	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 Mafey
(Signature)

Engineer

(Title)

2-17-88

(Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 24 1988**, 19BY **Original Signed By**TITLE **Mike Williams****Oil & Gas Inspector**

This form is to be filed in accordance 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
multiplicity.