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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 1-1-65
RECEIVED BY
NOV 06 1984
O. C. D.
ARTESIA, OFFICE

Operator
Read & Stevens, Inc.
Address
P.O. Box 1518, Roswell, NM 88201
Reason(s) for filling (Check proper box)
New Well ☐ Change In Transporter Of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☒
If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE
Lease Name Harris Federal Well No. 8 Pool Name, Including Formation Buffalo Valley Penn Kind of Lease Federal Lease No. NM-068043
Location
Unit Letter F ; 1650 Feet From The North Line and 1650 Feet From The West
Line Of Section 26 Township 15S Range 27E ,NMPM, Chaves County


II. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
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 ☐ Dry Gas ☒
Transwestern Pipeline Co. Address(Give address to which approved copy of this form is to be sent)
Box 2521 Houston TX 77002
If well produces oil or liquids, give location of tanks Unit Sec. Twp. Rge. Is gas actually connected? When
F 26 15S 27E yes 2-22-82
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)
OIL WELL
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
Post FD-3
11-9-84
Chg. P

GAS WELL
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method(plat, 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.

(Signature)
Drilling & Production Manager
(Title)
November 5, 1984
(Date)

OIL CONSERVATION COMMISSION
APPROVED NOV 08 1984
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
Additional Form C-104 must be filled for each pool in