

Form C-104
Submitted Old C-104 and C-105
Effective 1-1-85

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

✓
✓
✓
✓

AND OFFICE
TRANSPORTER
PERATOR
REGISTRATION OFFICE

RECEIVED

Operator
Read & Stevens, Inc. ✓

FEB 22 1988

Address
P.O. Box 1518, Roswell, NM 88202

O. C. D.
ARPSIA OFFICE

Season(s) for filling (Check proper box)
New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter Of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☒

Effective March 1, 1988

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Harris Federal	Well No. 8	Pool Name, Including Formation Buffalo Valley Penn	Kind of Lease State , Federal, XXXXXX	Lease No. NM-068043
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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

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 checked="" type="checkbox"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2521 Houston, TX 77252

Does well produce oil or liquids, Give location of tanks	Unit F	Sec. 26	Twp. 15S	Rge. 27E	Is gas actually connected? Yes	When 2-23-83
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this production is commingled with that from any other lease or pool, give commingling order number:

1. COMPLETION DATA

Designate Type of Completion-(X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff. Res'v
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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 Part ID-3 7-24-88 JG HT: NRC
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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/MCF	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 Mafey
(Signature)

Engineer
(Title)

2-17-88
(Date)

OIL CONSERVATION COMMISSION

FEB 24 1988

APPROVED _____, 19____

BY Original Signed By
TITLE Mike Williams
Oil & Gas Inspector

This form is for 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.

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