ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL / GAS
OPERATOR
PRORATION OFFICE

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

FEB 28 1983
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: READ & STEVENS, INC.

Address: P.O. Box 1518, Roswell, NM 88201

Reason(s) for filing (Check proper box)

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ] [X]

Other (Please explain): Gas Connected 2/23/83

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Harris Federal	9	Buffalo Valley Penn	xxx, Federal xxxxxx	NM-068043

Unit Letter F 1650 Feet From The North Line and 1650 Feet From The West Line

Section 23 Township 15S Range 27E NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]: Koch Oil Company — P.O. Box 2256, Wichita, KS 67201 (Address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]: Transwestern Pipeline — P.O. Box 2521, Houston, TX 77252 (Address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks: F | 23 | 15S | 27E — Is gas actually connected? yes — When? 2/23/83

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion: Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Resv. | Diff. Resv.

Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.) | Name of Producing 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

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil 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 | Gravity of Condensate

GAS WELL

Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate

Testing Method (pitot, back pressure, etc.) | 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: Production Clerk

Date: February 24, 1983

OIL CONSERVATION DIVISION

APPROVED: MAR 0 2 1983, 19

Original Signed By
Leslie A. Clements
Supervisor District II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, it 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 only Sections I, II, III, and VI for changes of owner, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completions.