

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supervised by OSHA and OSHA  
 Effective 1-1-85

RECEIVED

FEB 22 '88

OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
PERATOR	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	<input checked="" type="checkbox"/>

Operator Read & Stevens, Inc.  
 Address P.O. Box 1518, Roswell, NM 88202

O. C. D.  
 ALBUQUERQUE OFFICE

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter Of:	<input type="checkbox"/>
Completion	<input type="checkbox"/>	Oil	Dry Gas
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	Condensate <input checked="" type="checkbox"/>

Other (Please explain)  
 Effective March 1, 1988

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	XXXX, Federal, XXXX	NM-068043

Location  
 Unit Letter F; 1650 Feet From The North Line and 1650 Feet From The West  
 Line Of Section 23 Township 15S Range 27E, NMPM, Chaves County

DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P.O. Box 1183, Houston, TX 77002
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Co.	P.O. Box 2521 Houston, TX 77252

Well produces oil or liquids, or location of tanks	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	23	15S	27E	Yes	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-(X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff. Res'v
<input checked="" type="checkbox"/>								

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

Locations (DF, RKB, RT, GR, etc)	Name of Prod. Formation	Top Oil/Gas Pay	Tubing Depth

Locations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Part ID-3
			2-26-88
			2-27-88

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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)

Engineer  
 (Title)

2-17-88

(Date)

OIL CONSERVATION COMMISSION

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

This form is to be filed 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 change of condition.  
 Separate Forms C-104 must be filed for each pool in multiply.