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FEB 22 '88

O. C. D.

ARTESIA OFFICE

Effective March 1, 1988

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

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well ☐
Recompletion ☐
Change in Ownership ☐
Change in Transporter Of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☒

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Rose Federal	Well No. 4	Pool Name, Including Formation Buffalo Valley Penn.	Kind of Lease XXXX , Federal, XXXX	Lease No. NM-2365
Location Unit Letter <u>A</u> ; <u>1315</u> Feet From The <u>North</u> Line and <u>1315</u> Feet From The <u>East</u> Line Of Section <u>13</u> Township <u>15S</u> Range <u>27E</u> , NMPM, Chaves County				

II. 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"/> 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

If well produces oil or liquids, give location of tanks	Unit A	Sec. 13	Twp. 15S	Rge. 27E	Is gas actually connected? Yes	When 5-4-83
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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
			Part ID-3
			2-26-88
			eng L.T. NRC

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)

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

AS WELL

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