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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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
NOV 26 1984
O. C. O.
ARTESIA, OFFICE

Operator Read & Stevens, Inc. ✓	
Address P.O. Box 1518, Roswell, NM 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/> Change In Transporter Of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change In Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Testing allowable for 150 B0 for the month of November, 7338'-7843', Canyon

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Diamond Federal	Well No. 1	Pool Name, Including Formation Und. Diamond Mound Atoka	Kind of Lease Federal	Lease No. NM-18826
Location Unit Letter <u>8Y</u> ; 1980 Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Of Section <u>33</u> Township <u>15S</u> Range <u>27E</u> , NMPM, Chaves County				

II. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks	Unit <u>G</u> Sec. <u>33</u> Twp. <u>15S</u> Rge. <u>27E</u>	Is gas actually connected?	When

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
OIL WELL exceed top allowable for this depth or be for full 24 hours)

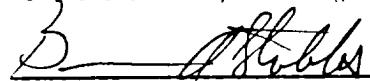
Date First New Oil Run To Tanks:	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS 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)

Drilling & Production Manager
(Title)

November 21, 1984
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 26 1984, 19

BY Original Signed By

TITLE Lester 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 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

Form C-104 must be filed for each pool in