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NEW MEXICO CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

RECEIVED BY
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
FEB 20 1986
O. C. D.
ARTESIA, OFFICE

Operator: Read & Stevens, Inc. ✓
Address: Post Office Box 1518, Roswell, New Mexico 88202
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change In Transporter Of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Langley Federal	Well No. 3	Pool Name, Including Formation Buffalo Valley Penn <i>Wildcat Marrow</i>	Kind of Lease Federal	Lease No. NM-2363
Location Unit Letter <i>80</i> ; <i>1190'</i> Feet From The <i>South</i> Line and <i>2310'</i> Feet From The <i>East</i> Line Of Section <i>14</i> Township <i>15S</i> Range <i>27E</i> , <i>NMPM</i> , Chaves County				

II. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

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)
Navajo Refining Company	P.O. Box 159, Artesia, NM 88210
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)
El Paso Natural Gas	P.O. Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks	Unit Sec. Twp. Rge. Is gas actually connected? When
	R 14 15S 27E <i>Yes</i> <i>2-20-86</i>

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
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 7-17-85	Date Compl. Ready to Prod 9-5-85	Total Depth 8810'	P.R.T.D. 9768'					
Elevations (DF, RKB, RT, GR, etc) 3537' GL	Name of Prod. Formation Atoka	Top Oil/Gas Pay 8522'	Tubing Depth 8440'					
Perforations 8522'-8530', 8534'-8541', 8552'-8554', 8560'-8570'			Depth Casing Shoe 8810'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	400'	100sx Thickset "C"; 300sx Class "C"
12 1/4"	8 5/8"	1700'	1000sx HLC
7 7/8"	4 1/2"	8810'	700sx HLW; 500sx Class "H"
-	2 3/8"	8440'	None

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

GAS WELL

Actual Prod. Test-MCF/D CAOF 7828	Length of Test 4hrs	Rbbls. Condensate/MMCF 6.4	Gravity of Condensate 57°
Testing Method (pitot, back pr) 4-Point	Tubing Pressure (Shut-In) 2284	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.

Read & Stevens
(Signature)

Drilling & Production Manager
(Title)

February 18, 1986
(Date)

OIL CONSERVATION COMMISSION
APPROVED Original Signed By *MAD 28 1986*, 19
BY *Les A. Clements*
TITLE *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 & IV for changes of owner, well name or number, transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple.