OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OPERATOR DOPERTION OFFICE	REQUES	ONSERVATION COMMISSION ST FOR ALLOWABLE AND TRANSPORT OIL AND NATURAL GAS	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 S
PRORATION OFFICE Operator: Read & Stevens,	Ind V O. C. D.		
Address: Post Office Box		802 02	
Reason(s) for filing (Check	proper box)	Other (Please	explain)
New Well X Recompletion Change in Ownership	Change In Transporter Of: Oil Dry Casinghead Gas Conc		
If change of ownership give na and address of previous owner			
I. DESCRIPTION OF WELL AND LEA			
Lease Name / We	II No. Pool Name, Including	g Formation . Kind	of Lease No.
Toles Tad.	2 Buffalo Valley Per	nn	Federal. NM-0115465-A
Location Unit Letter L ;	1980 Feet From The Sc	outh Line and 990	Feet From The West
Line Of Section 24	Township 15S	Range 27E ,NMPM,	Chaves County
11. DESCRIPTION OF TRANSPORTER		·····	
Name of Authorized Transporte	er of OII	Address(Give address is to be ser	s to which approved copy of this form . ht)
Navajo Refining Company		P.0. Box 159, Artes	
Name of Authorized Transporte	er of Casinghead Gas Dry		to which approved copy of this form
		is to be ser	nt)
El Paso Natural Gas Company		P.O. Box 1492, EI F	
If well produces oil or liqui give location of tanks	lds, Unit Sec. Twp. L 24 15S	Rge. Is gas actually conr 27E Yes	nected? When $8 - 28 - 8$ () 7 - 03 - 86
if this production is comming			
III. COMPLETION DATA		· · · · · · · · · · · · · · · · · · ·	
Designate Type of Complet	×	X	
Date Spudded	Date Compl.Ready to Prod	Total Depth 90401	P.B.T.D.
8-16-85 Elevations(DF,RKB,RT,GR,etc)	9-23-85 Name of Prod. Formation	Top Oil/Gas Pay	8998' Tubing Depth
36291GL Morrow		8244	8683 '
Perforations			Depth Casing Shoe
87441-87521, 87591-8			90 40'
HOLE SIZE	CASING & TUBING SIZE	G, AND CEMENTING RECORD	SACKS CEMENT
17-1/2"	13-3/8"	382 '	400sx Class "C"
1 ;=	8-5/8"	17001	1000sx HLWE, 200sx Class "C"
7-7/8"	4-1/2"	90.401	700sx HLC, 500sx Class "H"
	2-3/8"	8683 '	· · · · · · · · · · · · · · · · · · ·
	ALLOWABLE (Test must be aft	ter recovery of total volume	of load and must be equal to or
OIL WELL Date First New Oil Run To	exceed top allow Date of Test	wable for this depth or be for Producing Method(Flow, pump	
Tanks:		in eccentry included for period	,,,
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	OII-Bbis.	Water-Bbls.	Gas-MCF
GAS WELL	<u> </u>	↓	• • • • • • • • • • • • • • • • • • •
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
280 MCF	24 hrs.	-	-
Testing Method(pitot,back pr 4 Point	Tubing Pressure (Shut-In) 1720psi	Casing Pressure(Shut-in)	Choke Size 28/64"
CERTIFICATE OF COMPLIANCE	1/20031	OIL CONSERVATIO	
I hereby certify that the rule	es and regulations of the		26 1980 , 19
Oil Conservation Commission have been complied with and		BY Original Signed By	
that the information given above is true and complete to the best of my knowledge and belief.		TITLE Les A. Clements Supervisor District 11	
		Supervisor District II This form is to be filed in compliance with Rule 1104.	
BAHA		If this is a request for allowable for a newly drilled well,	
		this form must be accompanied by a tabulation of the deviation	
(Signature)		tests taken on the well in accordance with Rule 111. All sections of this form must be filled out completely for	
Drilling & Production Manager		allowable on new and recom	, ,
(Title)		Fill out only Sections 1,11,111 & IV for changes of owner, we i	
C +	15 1986	name or number, transporter or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple.	
September	, 1900	j separate Forms C-104 must	the integration each poor in multiple,