

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

FEB 22 '88

TRANSPORTER	<input checked="" type="checkbox"/> OIL	<input checked="" type="checkbox"/> GAS
PERATOR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PERATION OFFICE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

operator Read & Stevens, Inc.
address P.O. Box 1518, Roswell, NM 88202

O. C. D.
ARTESIA, OFFICE

season(s) for filing (Check proper box)

Other (Please explain)

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"/>

Effective March 1, 1988

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

base Name <u>Toles Federal</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Buffalo Valley Penn.</u>	Kind of Lease <u>XXXX, Federal, XXXX</u>	Lease No. <u>NM0115465A</u>
ocation Unit Letter <u>L</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line Of Section <u>24</u> Township <u>15S</u> Range <u>27E</u> , <u>NMPM</u> , <u>Chaves</u> County				

DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

ime of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>SCURLOCK PERMIAN CORP EFF 9-1-91</u> <u>Permian Corporation</u>	Address(Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183, Houston, TX 77002</u>
ime of Authorized Transporter of Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address(Give address to which approved copy of this form is to be sent) <u>P.O. Box 1492 El Paso, TX 79978</u>

well produces oil or liquids, ve location of tanks	Unit <u>L</u>	Sec. <u>24</u>	Twp. <u>15S</u>	Rge. <u>27E</u>	Is gas actually connected? <u>Yes</u>	When <u>7-3-86</u>
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this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion-(X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff. Res'v
te Spudded	Date Compl. Ready to Prod	Total Depth	P.B.T.D.					
evations (DF, RKB, RT, GR, etc)	Name of Prod. Formation	Top Oil/Gas Pay	Tubing Depth					
rforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT <u>Part ED-3</u> <u>2-26-88</u> <u>chg L.T. HRC</u>

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load and must be equal to or
WELL exceed top allowable for this depth or be for full 24 hours)

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

WELL

ual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
ting Method(pilot, back pr	Tubing Pressure (Shut-in)	Casing Pressure(Shut-in)	Choke Size

IFICATE OF COMPLIANCE

ereby certify that the rules and regulations of the
Conservation Commision have been complied with and
t the information given above is true and complete
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

This form is to Oil & Gas Inspector in accordance 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.