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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

SEP 10 1991

O. C. D.  
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Read & Stevens, Inc.		Well API No. 30-005-62863
Address P.O. Box 1518, Roswell, NM 88202		
Reason(s) for Filing (Check proper box) 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 Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Langley Federal	Well No. 5	Pool Name, including Formation Buffalo Valley Penn.	Kind of Lease State, Federal or Private	Lease No. NM-2363
Location Unit Letter E : 1650 Feet From The N Line and 990 Feet From The W Line Section 14 Township 15S Range 27E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corp.	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"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 14	Twp. 15S	Rge. 27E	Is gas actually connected? Yes	When? 10-14-91
If this production is commingled with that from any other lease or pool, give commingling order number.						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
			X					
Date Spudded 7-25-91	Date Compl. Ready to Prod. 8-30-91		Total Depth 8725'		P.B.T.D. 8594'			
Elevations (DF, RKB, RT, GR, etc.) 3515' GL	Name of Producing Formation Morrow		Top Oil/Gas Pay 8396		Tubing Depth 8292			
Performances 8396-8402, 8409-8416, 8418-8424					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	350'	375 Post 10-2
11	8 5/8	1750'	1000 + 200 9-27-91
7 7/8	4 1/2	450	Emp. & PK

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 8-31-91	Date of Test 9-6-91	Producing Method (Flow, pump, gas lift, etc.) Flowing	
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 1467	Length of Test 24 hrs.	Bbls. Condensate/MMCF trace	Gravity of Condensate
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (Shut-in) 2751	Casing Pressure (Shut-in) packer	Choke Size various

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Sandra Cook  
Printed Name Sandra Cook/Production Analyst Title  
Date 9/17/91 Telephone No. 505/622-3770

OIL CONSERVATION DIVISION

Date Approved JAN 5 1992

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.