Submit 5 Copies
Appropriate District Office
DISTRICT I
2.0. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions APR 1 6 195 Cottom of Page

DISTRICT II

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

O. C. D. ARTESIA, OFFICE

DISTRICT III 1000 Rio Brizos Rd., Aziac, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TO	TRA	NSPC	ORT OIL	AND NAT	TURAL GAS	S					
perator				· · · · · · · · · · · · · · · · · · ·	 		N III	No.				
Read & Stevens,	Inc.											
ddris .						<u></u>						
P.O. Box 1518.	Roswell	NM_	8820	12								
lesson(s) for Filing (Check proper bax)	-	_	_			et (Please explai	R)			ľ		
iew Wett		्यं अवस्य रि	Transpor Dry Gai									
Cocompletios U	Oil Caringhead											
curvite of obsurror tine strue	Cinnyneis	<u> </u>	COBORA	** U					···········			
od sodness of previous operator) ,	·			
I. DESCRIPTION OF WELL A	ND LEAS	SE										
Lease Name	Well No. Pool Name, Including							(Lesso		Lesse No.		
BHWFU		9 Bunker Hill			Penrose Assoc.		State, 1	State, Hedienther Rec x				
Location				-								
Unit Letter L	:1	980	Feat Fr	om The	S u	and66	0 Fe	et From The _	W	Lipe		
Section 13 Township	16S		Range	3	1E , Ń	MPM,	Eddy		<u>.</u>	County		
m becialismal and mail			**	~ ~			•					
III. DESIGNATION OF TRANS Nume of Authorized Transporter of Oil				D NATU			المانية	sam of this fo		-4)		
•	· LAI L						Address (Give address to which approved copy of this form is to be sen)					
Navajo Refining Co. Nume of Authorized Transporter of Carlest		~ N	<u> </u>		P.O. Drawer 159. Artesia. NM 88210							
Phillips	seed Gas 📉 or Dry Gas 🥅				Address (Give address to which approved copy of this form is to be sent) Bartlesville. OK 74003					~)		
If well produces oil or liquids,	Unit Sec. Twp.			Roe		ly consected?	فالتباط في والمراجعة					
pive location of tanks.						,		· A		•		
I this production is commingled with that fo	ous sub other	I lease or	pool, gi	ve commingi	ing order nun	ber:	`			 		
IV. COMPLETION DATA												
		Oil Well		Gas Well	New Well	Workover	Deepes	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion -		<u> </u>			<u> </u>	1	<u> </u>	11		1		
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.				
5) (D.5. B.K.) DOT (D)	11 (5				Ton Oil/Con	Date						
Elevations (DF, RKB, RT, GR, ste.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth				
Zeriorations	<u> </u>				<u> </u>	,		Depth Casing	r Shoe			
									,			
	'n	IIRING	CASI	NO AND	CEMENT	ING RECOR	D	<u> </u>				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
- October Ondition								5.50.5				
												
										*		
								l				
V. TEST DATA AND REQUES												
OIL WELL (Test must be after re			of load	اللسد لمنه إن					or full 24 ho	F1.)		
Date Fire New Oil Rus To Tank	Date of Tea	•			Producing)	hethod (Flow, pi	ump, gas lift,	eic.)				
				Casing Pressure			Totala ela	Choke Size				
Length of Test	Tubing Pressure				Cusing Free	aure		Chock Size	CARLE SIZE			
Land Dad Daise Yes					Water - Bols			Gas- MCF				
Actual Prod. During Test	Oil - Bbls.											
	L				<u> </u>			<u>. </u>		 		
GAS WELL									•	l		
Azual Prod. Test - MCF/D	Leagth of	err			BBIL Cood	SHEWMOT		Cravity of C	OG den sale	į		
(Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
	<u> </u>				ـــــم			<u> </u>				
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE		011 001	ICEDIA	ATION		- · ·		
I hereby certify that the rules and regul-						OIL CON	NOEHA	AHON	DIVISIO	אכ		
Division have been complied with and that the information given above is true and complete to the best of my-knowledge and belief.					Ann ≤ H 4004							
" Our too complete to the best of My	mon rule st	os beilef.			Dat	e Approve	id <u>Ai</u>	PR 171	991			
and and and the												
Signature Signature					By MIKE WILLIAMS							
Sandra Cook/Production Analyst					SUPERVISOR, DISTRICT IT							
Printed Name			Title		וורד	•3U. •3U.	ETIVISUK,	, DISTRIC	(
4-15-91	505/622) Jephone	No	11							
Date		10	melanoon	1-01	_11							

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 asserdance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recomplated wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes, the Separate Form C-104 must be filled for each pool in multiply completed wells.