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	SANTA FE /	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110		
	FILE /			
	U.S.G.S.	RUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
	TRANSPORTER GAS /			
	OPERATOR 2			
1.	PRORATION OFFICE	ARTESIA, OFFICE		
	Read & Stevens, Inc.			
	Address			
	P.O. Box 2126, Roswell, New Mexico 88201 Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well Charge in Transporter of:			
	Recompletion Oil Ory Gas Effective January 1			ary 1, 1971
	Change in Ownership X	Change in Ownership X Casinghead Gas Condensate		
	If change of ownership give name		D 2126 Decreall No.	14 . 00201
	and address of previous owner	<u>Charles B. Read, P.O.</u>	Box 2126, Roswell, Ne	w Mexico 88201
II.	DESCRIPTION OF WELL AND LEASE.			
	Lease Name Doctor Torres 11A1		State, Radina State	Lease No. OG-1214
	Bogle Farms "A"	<u>4 Mesa Queen</u>		
	Unit Letter F;16!	50 Feet From The North Line	e and <u>1650</u> Feet From Th	•West
	Line of Section 12 Tow	unship 16S Range	31E . NMPM.	Eddy County
	Line of Section 12 Iow	vnship 105 Range	31E , NMPM,	Eddy County
III.		TER OF OIL AND NATURAL GA		
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	d copy of this form is to be sent)
	- Name of Authorized Transporter of Cas	singhead Grs [] or Dry Gas [X]	Address (Give address to which approve	d copy of this form is to be sent)
	Phillips Petroleum C		Bartlesville, Oklahoma	74003
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	
	give location of tanks.) I ' I I	U U L	
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool, a	give commingling order number:	
	Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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۷.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- oil WEIL			
•	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)
		Tubles Descure	Casing Pressure	Choke Size
	Length of Test	Tubing Pressure	Coming Franke	
	Actual Prod. During Test	Oil-Bbin.	Water - Bble.	Gas-MCF
	l	<u></u>	1	
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Freesure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI	CERTIFICATE OF COMPLIAN	L		TION COMMISSION
**			ABBROVED _ FEB 3.1971	
		regulations of the Oil Conservation	f the Oil Conservation APPROVED	
		with and that the information given best of my knowledge and belief.	BY_ J. J. Steiner	
			TITLE OIL AND GAS INSPECTOR	
			This form is to be filed in compliance with RULE 1104.	
	Ade the Jacker		If this is a request for allowable for a newly drilled or deepened	
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
	Production Clerk (Title)		All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
	January 27, 1971		Fill out only Sections I. II. III. and VI for changes of owner,	
	(Date)		well name or number, or transporter, or other such change of condition.	

Separate Forms C-104 must be filed for each pool in multicompleted wells.