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State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of PageSubmit 5 Copies
Appropriate District OfficeDISTRICT I
P.O. Box 1980, Hobbs, NM 88240

JUL 24 '89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Azusa, NM 88210G. C. D.
ARTESIA, OFFICEDISTRICT III
1000 Rio Grande Rd., Azusa, NM 87410REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Santa Fe		
Fire		
Transporter	Oil	
Operator	Gas	

Operator Read & Stevens, Inc.		Well API No.
Address P.O. Box 1518, Roswell, NM 88202		
Reason(s) for Filing (Check proper box)		☒ Other (Please explain)
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☐ Dry Gas ☐	
Change in Operator ☐	Casinghead Gas ☐ Condensate ☐	Was Gulf West Mesa #2, #E-4199
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name BHWFU	Well No. 19	Pool Name, including Formation Bunker Hill Penrose	Kind of Lease State, Federal or Free	Lease No.
Location Unit Lease <u>D</u> : <u>660</u> Feet From The <u>N</u> Line and <u>660</u> Feet From The <u>W</u> Line Section <u>24</u> Township <u>16S</u> Range <u>31E</u> NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of wells	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?		When?
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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RXB, 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

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 Rse To Task	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>7-25-89</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>avg well name</u>

GAS WELL

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

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 John C. Maxey, Jr. Petroleum Engineer
Printed Name John C. Maxey, Jr. Title
Date 5-30-89 Telephone No. 505/622-3770

OIL CONSERVATION DIVISION

Date Approved JUL 25 1989

By MIKE WILLIAMS
ORIGINAL SIGNED BY
SUPERVISOR, DISTRICT II

Title

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.