

## OIL CONSERVATION DIVISION

RECEIVED Form C-104  
Revised 10-1-78

|                        |   |
|------------------------|---|
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| OPERATOR               |   |
| REGISTRATION OFFICE    |   |

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

AUG 24 1981

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GASO. C. D.  
ARTESIA, OFFICE

READ &amp; STEVENS, INC. ✓

Address

P.O. BOX 1518, ROSWELL, NM 88201

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"/> |
| Change in Ownership | <input type="checkbox"/>            | Coatinghead Gas           | <input type="checkbox"/> |

Other (Please explain)

PERF. 3623-47' - PENROSE  
AUGUST TESTING ALLOWABLE - 1500 BOChange of ownership give name  
and address of previous owner

## DESCRIPTION OF WELL AND LEASE

|                |          |                                |                   |           |
|----------------|----------|--------------------------------|-------------------|-----------|
| Lease Name     | Well No. | Pool Name, Including Formation | Kind of Lease     | Lease No. |
| GULF WEST MESA | 3        | BUNKER HILL PENROSE            | State: XXXXXXXXXX | E-4199    |

Location

Unit Letter N : 1910 Feet From The WEST Line and 730 Feet From The SOUTH

Line of Section 13 Township 16S Range 31E, NE 1/4, EDDY County

## SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                  |                                                                          |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| KOCH OIL COMPANY                                                                                                 | P.O. BOX 2256, WICHITA, KS 67201                                         |
| Name of Authorized Transporter of Coatinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>   | Address (Give address to which approved copy of this form is to be sent) |
| -                                                                                                                | -                                                                        |

If well produces oil or liquids,  
give location of tanks.

|      |      |      |      |
|------|------|------|------|
| Unit | Sec. | Twp. | Rge. |
| M    | 13   | 16S  | 31E  |

Is gas actually compressed? When

If this production is commingled with that from any other lease or pool, give commingling order number:

## COMPLETION DATA

|                                    |                             |          |                 |          |                   |           |                                |
|------------------------------------|-----------------------------|----------|-----------------|----------|-------------------|-----------|--------------------------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well | New Well        | Workover | Deepen            | Plug Back | Same Reservoir, Different Well |
| Is cased                           | Date Compl. Ready to Prod.  |          | Total Depth     |          | P.B.T.D.          |           |                                |
| Locations (DF, RAB, RT, GR, etc.)  | Name of Producing Formation |          | Top Oil/Gas Pay |          | Tubing Depth      |           |                                |
| Observations                       |                             |          |                 |          | Depth Casing Shoe |           |                                |

## TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

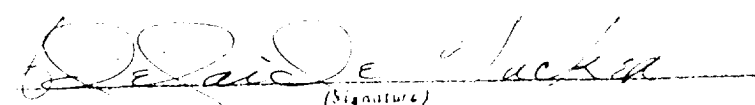
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil  
able for this depth or be for full 24 hours)

|                                 |                 |                                               |            |
|---------------------------------|-----------------|-----------------------------------------------|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| 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          | Length of Test            | Bbls. Condensate/MCF      | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

## 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  
is true and complete to the best of my knowledge and belief.  
(Signature)

PRODUCTION CLERK

(Date)

AUGUST 17, 1981

(Data)

## OIL CONSERVATION DIVISION

APPROVED AUG 24 1981, 19

BY W. A. Gressitt  
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1105.

If this is a request for allowable for a newly drilled or deepened  
well, this form must be accompanied by a tabulation of the deviated  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all  
wells 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.  
A new form must be filed for each pool in multi-