

OIL CONSERVATION DIVISION

P. O. BOX 2080

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED

SEP 3 1981

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

READ & STEVENS, INC. ✓

Address

P.O. BOX 1518, ROSWELL, NM 88201

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT
FLARED AFTER 11-1-81
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINEDChange 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, Federal, or Private	E-4199

Location

Unit Letter N : 1910 Feet From The WEST Line and 730 Feet From The SOUTHLine of Section 13 Township 16S Range 31E , NMPM, EDDY County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
KOCH OIL COMPANY

Address (Give address to which approved copy of this form is to be sent)

P.O. BOX 2256, WICHITA, KS 67201

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 tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When

M

13

16S

31E

NO

TWO WEEKS

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 Rests	Diff. Rests
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
7/17/81	9/1/81		4248'		4188'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
4493.1'	PENROSE		3623'		3652'			
Perforations					Depth Casing Shoe			
3623-47' 2 SHOTS/FT.					4248'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8 5/8"	1272'	500 SX.
7 7/8"	4 1/2"	4248'	625 SX.

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
8/8/81	8/31/81	PUMPING	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 HRS.	-	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
32	30	2	TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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 above is true and complete to the best of my knowledge and belief.

(Signature)

PRODUCTION CLERK

(Title)

SEPTEMBER 2, 1981

(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 4 1981, 19

BY W. A. Gussett
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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. Separate Forms C-104 must be filed for each pool in multiple.