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State of New Mexico Energy, Minerals and Natural Resources Department

APR 1 6 1991 at Bottom of Page

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DISTRICT II

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

O. C. D.

DISTRICT III 1000 Rio Brizos Rd., Areae, NM 87410	BEOLIE	ST FC	R ALLOW	ARI	FANI) Al	ITHO	RIZA	TION				
t.			NSPORT (
Operator	<u>·`</u>	<u> </u>		<u> </u>					T Wall A	1 No.		```	
. Read & Stevens.	Inc								. i		·		
Address						7							
P.O. Box 1518.	Roswell	NM_	88202		77 (Wher	(Please	eroleiu)					
Reason(s) for Filing (Check proper box)	,	3 la	T		U ,	Juka	(Lieme	ethen w)					
New Well			Transporter of: Dry Gas	٦									
Recompletios	Oil Cordo ob cord	_	Condensate [╡									
Crange is Operator	Casinghead	<u> </u>	COROSERIE										
ing squies a busions obsusta.		· - · · · · ·								<u> </u>			
II. DESCRIPTION OF WELL.									 				
. Lesse Name	'		Pool Name, In		-					(Lease Redenaboix Res		se Na	
BHWFU		18_	Bunker I	1111	Penr	ose	Ass	oc.	State, 1	ACREMICK NO.	<u></u>		
Location										•			
Uals LetterC	- : <u>1</u> 5	980	, Feet From The		W	Line	raq —	660	Fe	t From The	<u> </u>	Line	
Section 24 Township	16S		Range	31E		, NM	PM,	Ed	dy			County	
III. DESIGNATION OF TRAN	SPORTE	2 017 0	II. AND NA	מו דד.	AL G	2 4							
Name of Authorized Transporter of Oil		or Conde		Î	Address	(Give	व्यक्तरा	to whic	k approved	copy of this fo	orm is to be sen	4)	
						•			•••	a. NM	•	-	
Name of Authorized Trussporter of Casts	thead Gas	X	or Dry Gus [-, 							orm is to be see	y)	
Phillips	,—	بها		_ ;					7400				
If well produces oil or liquids,	Unit	Sec	Twp		Is gas ac	_			When	9 1			
give location of tanks.	i c i	24		IE			Yes		i	2-2-8	2		
If this production is commingled with that IV. COMPLETION DATA	from any other	r lease or	pool, give com	mingli	ng order	mup	er:						
		Oil Wel	Gas We	e II	New W	Vell	Worko	ver	Despes	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u></u>									<u></u>	L	
Date Speeded	Date Comp	i. Ready i	o Prod.		Total De	pu			•	P.B.T.D.			
Elemuous (DF. RXB. RT. GR. ele.)	T, GR, stell Name of Producing Formation				Top Oil/Gas Pay					Tubing Dep	Tubing Depth		
Perforation	<u> </u>									Depth Casts	a Shoe		
				_									
	Ţ	UBING	, CASING A	ZĎ.	CEME	יווא	NG RE	CORD)	И			
HOLE SIZE	SIZE CASING & TUBING SIZE				DEPTH SET					,	SACKS CEMENT		
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	 									-			
	+									}		·····	
V. TEST DATA AND REQUE	CT FAD A	1170	ADIE		L					<u> </u>			
					ha aawal	10.05	a=aaad 1	aa allay	mble for thi	a dansk an ka	for full 24 hours	. 1	
OIL WELL (Test must be after to Date First New Oil Rus To Tank	Date of Ter		of 1002 of 670	, ALL 1					φ, zas lift, e		jar jul 24 kod	-	
DE FIRE POUR CONTROL TO TELL	Date of 181	•			1	., ~u	~~~ (, ,	ou, pu	ψ, 2 191, 1				
Length of Tes	Tubing Pre				Casing I	reser	PR.			Choke Size			
20,014	1.00cm												
Actual Prod. During Test	Oil - Bbls.				Water -	Bbls				Gu- MCF			
G. C. P. P. C.	_				1								
GAS WELL		_ , ,								,			
Actual Prod. Test - MCF/D	Langth of	1 ett			Bolt Co	20.045	iii MM	Cř		Ciravity of	Condenuis		
Testing Method (pilar, back pr.)	Tubing Pre	daun (Sai	#-in)		Caring	Press	re (Shut	(a)		· Choke Size			
	1000		,					,			•		
VI. OPERATOR CERTIFIC	'ATE OF	COM	PLIANCE		1							•	
I hereby certify that the rules and regu					11		DIL C	NO	SERV	ATION	DIVISIO	N	
Division have been complied with and					II .				·				
is true and complete to the best of my knowledge and belief.					Date Approved APR 1 7 1991								
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Mardia	10	<u>K., </u>				t.,		· 110:5	in sig	NED BY			
Signature Cont./Do		4	1			_B y —			VILLIAM	S	·····	· · · · · · · · · · · · · · · · · · ·	
Sandra Cook/Production Analyst					By JOHENNAL SIGNED BY HAKE WILLIAMS TITLE SUPERVISOR, DISTRICT IF								
4-15-91 505/622-3770					Title SOPERVISOR, DISTRICT IT								

Date

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or despensed well must be accompanied by tabulation of deviation tests taken in accordance 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,