

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brizo Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

APR 16 1991
O. C. D.
ARTESIA OFFICE

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Read & Stevens, Inc.		Well API No.
Address P.O. Box 1518, Roswell, NM 88202		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name BHWFU	Well No. 27	Pool Name, including Formation Bunker Hill Penrose Assoc.	Kind of Lease State, Federal or Free	Lease No.
Location Unit Letter <u>E</u> : <u>1980</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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips	Address (Give address to which approved copy of this form is to be sent) Bartlesville, OK 74003					
If well produces oil or liquids, give location of tanks	Unit E	Sec. 24	Twp. 16S	Rge. 31E	Is gas actually connected? Yes	When? 2-4-82

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, 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			

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 Rns To Tank	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/MMCF	Gravity of Condensate
Testing Method (prior, 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

Sandra Cook/Production Analyst

Printed Name

4-15-91

505/622-3770

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 17 1991

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

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.

RECEIVE

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. District DD, Azusa, NM 88210

DISTRICT III
1000 Rio Brizo Rd., Azusa, NM 87410

JUL 24 '89

O. C. D.
ARTESIA, OFFICE

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

Santa Fe			
File			
Transporter	Oil		
Operator	Gas		

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Read & Stevens, Inc.		Well API No.
Address P.O. Box 1518, Roswell, NM 88202		
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Was Gulf West Mesa #4, # E-4199
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name BHWFU	Well No. 27	Pool Name, including Formation Bunker Hill Penrose Assoc	Kind of Lease State, Federal or Free	Lease No.
Location				
Unit Letter E	: 1980	Feet From The N	Line and 660	Feet From The W
Section 24	Township 16S	Range 31E	NMPM, Eddy	County

III. DESIGNATION 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	P.O. Box 2256, Wichita, KS 67201
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips	Bartlesville, OK 74003
If well produces oil or liquids, give location of tanks	Is gas actually condensed? When?
Unit E	Sec 24
Twp. 16S	Rge. 31E
Yes	'2-4-82

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			
Performance					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

MOLE 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 Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size Post ID-3 7-3/8" 89 4 1/2" wellhead
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 (prior, 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.
John C. Maxey, Jr. Petroleum Engineer
Printed Name
Date 5-30-89 Telephone No. 505/622-3770

OIL CONSERVATION DIVISION

Date Approved JUL 25 1989

ORIGINAL SIGNED BY
By MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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

OIL CONSERVATION DIVISION

Artesia, New Mexico

April 15, 1983

Read & Stevens, Incorporated
P. O. Box 1518
Roswell, New Mexico 88201

Re: Wells placed in pools

Gentlemen:

As the result of Division Order R-7227 the following described well (s) (has-have) been placed in the pool (s) shown below. This change in nomenclature has been made in our files. Please change your records to reflect the proper pool name. All subsequent reports must show this nomenclature until further notice.

BUNKER HILL-PENROSE ASSOCIATED POOL

Amoco Mesa	1-F-13-16-31	Dartmouth	7-F-23-16-31
Amoco Supron Mesa	1-E-13-16-31	Gulf West Mesa	1-M-14-16-31
Amoco Supron Mesa	2-C-13-16-31	Gulf West Mesa	2-D-24-16-31
Bogle Farms	1-L-13-16-31	Gulf West Mesa	3-N-13-16-31
Dartmouth	1-D-14-16-31	Gulf West Mesa	4-E-24-16-31
Dartmouth	2-D-14-16-31	Gulf West Mesa	5-C-24-16-31
Dartmouth	3-A-23-16-31	Gulf West Mesa	6-K-13-16-31
Dartmouth	4-N-14-16-31	Mobil Mesa	1-D-13-16-31
Dartmouth	5-C-23-16-31	*Supron	1-H-14-16-31
*Dartmouth	6-M-14-16-31	Supron	2-A-14-16-31

*GAS WELLS

Transporters are advised, by copy of this letter, to change their records to reflect the pool name as established by this order, effective 3/2/83.

Sincerely,

Larry Brooks
Larry Brooks
Geologist

Distribution:

Original - Operator
Xc: Santa Fe OCD
Each Transporter