

REC ED

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 Office  
DISTRICT I  
P.O. Box 1910, Hobbs, NM 88240DISTRICT II  
P.O. Drawer DD, Azusa, NM 88210DISTRICT III  
P.O. Box 1910, Hobbs, NM 88240

JUL 24 1989

## OIL CONSERVATION DIVISION

O. C. D.

P.O. Box 2088

ARTESIA, OFFICE Santa Fe, New Mexico 87504-2088

Seal Fee		
Fee		
Transporter	Oil	
Operator	Gas	

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

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 Dartmouth #5
If change of operator give name and address of previous operator		

## II. DESCRIPTION OF WELL AND LEASE

Lease Name BHWFU	Well No. 22	Pool Name, Including Formation Bunker Hill Penrose	Kind of Lease State/Leasehold or Fee	Lease No.
Location				
Unit Lease	C	660	Feet From The	N Line and 2310 Feet From The W Line
Section	23	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	Unit Sec. Twp. Rge. Is gas actually connected? When?
C 23 16S 31E Yes	11-24-82

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
Deep 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					
Performance	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 Run 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/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 1989By MIKE WILLIAMS  
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.