

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-85

MAR 14 1983

O. C. D.
ARTESIA, OFFICE

Operator
Read & Stevens, Inc. ✓
Address
P.O. Box 1518, Roswell, NM 88201

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
Casinghead Gas MUST NOT BE
FLAMED AFTER 5/16/83
UNLESS AN EXCEPTION TO Rule 306
IS OBTAINED

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Amoco Supron Mesa	Well No., Pool Name, including Formation 1 Bunker Hill Penrose P-500C	Kind of Lease State, KAN OK OK OK	Lease No. E-8560
Location Unit Letter <u>E</u> : 1980 Feet From The <u>North</u> Line and <u>760</u> Feet From The <u>West</u> Line of Section <u>13</u> Township <u>16S</u> Range <u>31E</u> NMPM, <u>Eddy</u> County			

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <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 <u>E</u> Sec. <u>13</u> Twp. <u>16S</u> Rge. <u>31E</u>	Is gas naturally connected? <u>no</u> 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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'y. <input type="checkbox"/>	Diff. Res'y. <input type="checkbox"/>
Date Spudded 2/4/83	Date Compl. Ready to Prod. 3/4/83	Total Depth 4250'	P.B.T.D. 4086'					
Elevation (DF, RKB, RT, GR, etc.) 4398' GR	Name of Producing Formation Penrose	Top Oil/Gas Pay 3600'	Tubing Depth 3633'					
Perforations 3600-18'			Depth Casing Shoe 4250'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	1260'	600 SX
7 7/8"	5 1/2"	4250'	650 SX
	2 3/8"	3633'	

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 2/19/83	Date of Test 3/3/83	Producing Method (Flow, pump, gas lift, etc.) pumping	Post # 2 3-18-83 Copy to BK
Length of Test 24 hr.	Tubing Pressure -	Casing Pressure -	
Actual Prod. During Test	Oil-Bbls. 24	Water-Bbls. 2.5	Gas-MCF 14

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jackie
(Signature)

Production Clerk

(Title)

March 11, 1983

(Date)

OIL CONSERVATION COMMISSION

MAR 17 1983

APPROVED _____, 19

BY _____
Title _____

TITLE _____
Supervisor _____

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 multiply