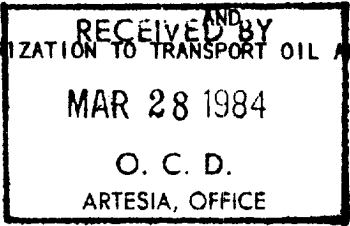


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LAND OFFICE		
TRANSPORTER	OIL	✓
	GAS	✓
OPERATOR		✓
PRORATION OFFICE		

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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65



Operator Read & Stevens, Inc.	
Address P.O. Box 1518, Roswell, NM 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change In Ownership <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FILED AFTER <u>5-29-84</u> UNLESS AN EXCEPTION TO: RULE 806 IS OBTAINED
If change of ownership give name and address of previous owner	

Lease Name AMOCO SKEETER	Well No. 1	Pool Name, including Formation <del>North Square 218 S 31W</del> <del>and Bunker Hill Porreco</del>	Kind of Lease State	Lease No. E-9049
Location Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line Of Section <u>14</u> Township <u>16S</u> Range <u>31W</u> ,NMPM, Eddy County				

I. DESCRIPTION OF WELL AND LEASE						
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 checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address(Give address to which approved copy of this form is to be sent) Bartelsville, OK 74003					
If well produces oil or liquids, give location of tanks	Unit E	Sec. 14	Twp. 16S	Rge. 31E	Is gas actually connected? No	When 2 weeks

If this production is commingled with that from any other lease or pool, give commingling order number:								
III. COMPLETION DATA								
Designate Type of Completion-(X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff. Res'v
Date Spudded 12-11-84	Date Compl. Ready to Prod 1-4-84		Total Depth 4070'		P.B.T.D. 4030'			
Elevations(DF,RKB,RT,GR,etc) -4247.1' GR 4271.4'	Name of Prod. Formation Premier		Top Oil/Gas Pay 3862'		Tubing Depth 3876'			
Perforations 3862'-3880', 18', 2 shots/ft, 36 holes					Depth Casing Shoe 4058'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 9 5/8"		DEPTH SET 1085'		SACKS CEMENT 400sx			
8 1/2"	7"		4058'		625sx			
	2 3/8"		3876'					

IV. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load 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: 1-4-84	Date of Test 1-13-84	Producing Method(Flow, pump, gas lift, etc.) Pumping 16'x2"x1 1/2" RWBC	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 27	Water-Bbls. 3	Gas-MCF 18

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method(pitot, 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.

*Bruce Hubbs*  
(Signature)

Drilling & Production Manager  
(Title)

March 27, 1984  
(Date)

OIL CONSERVATION COMMISSION  
APPROVED MAR 29 1984, 19  
BY Original Signed By  
TITLE Leslie A. Clements  
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 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.