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TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

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

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

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FEB 14 1984

O. C. D.

ARTESIA, OFFICE

Operator Read & Stevens, Inc.	Address P.O. Box 1518, Roswell, NM 88201
Reason(s) for filling (Check proper box)	Order (Please explain)
New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>	Testing allowable for the month of February of 1980. 35001-35201 Pennrose
Change in Transporter Oil <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Getty Mesa	Well No. 3	Pool Name, including Formation <del>Unit</del> Bunker Hill Pennrose Assoc.	Kind of Lease State, Federal, or Fed	Lease No. E-5648
Location Unit Letter <u>H</u> ; 1980 Feet From The <u>North</u> Line and <u>090</u> Feet From The <u>East</u> Line Of Section <u>25</u> Township <u>16S</u> Range <u>31E</u> NMPM, Eddy County				

II. DESCRIPTION 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 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) Bartlesville, OK	
If well produces oil or liquids, give location of tanks	Unit <u>H</u> Sec. <u>25</u> Twp. <u>16S</u> Rge. <u>31E</u>	Is gas actually connected? <u>No</u> When
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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff. Res'v <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod		Total Depth		P.R.T.D.			
Elevations (DF, RKB, RT, GR, etc)	Name of Prod. 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			

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:	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 (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 Stobbs*

(Signature)

OIL CONSERVATION COMMISSION

APPROVED Original Signed By FEB 15 1984, 19

BY Leslie A. Clements

TITLE 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