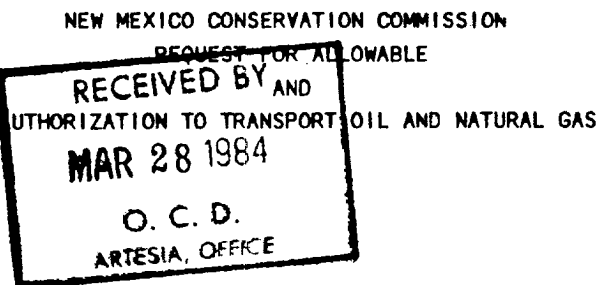


NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	✓
FILE	✓
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL ✓ GAS ✓
OPERATOR	✓
PRORATION OFFICE	



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) Casinghead Gas MUST NOT BE 5-29-84 EXCEPTION TO: IS OBTAINED
New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>	Change in Transporter Of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead 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 Bunker Hill Penrose Assoc.	Kind of Lease State	Lease No. E-5668
Location Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line Of Section <u>23</u> Township <u>16S</u> Range <u>31E</u> ,NMPM, <u>Eddy</u> 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) Bartelsville, OK 74003					
If well produces oil or liquids, give location of tanks	Unit H	Sec. 23	Twp. 16S	Rge. 31W	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 1-11-84	Date Compl. Ready to Prod 1-25-84	Total Depth 4253'	P.B.T.D. 4220'					
Elevations (DF, RKB, RT, GR, etc) 4370.4' GR	Name of Prod. Formation Penrose	Top Oil/Gas Pay 3600'	Tubing Depth 3630.1'					
Perforations 3600'-3620', 2 shots/ft, 20', 40 holes			Depth Casing Shoe 4237'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 1194'	SACKS CEMENT 550sx					
	4 1/2"	4237.04'	600sx					
	2 3/8"	3630.1'						

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: 1-25-84	Date of Test 3-12-84	Producing Method (Flow, pump, gas lift, etc.) Pumping 2"x1 1/2"x16' RWBC	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 9	Water-Bbls. 10	Gas-MCF TSTM

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)

Drilling & Production Manager
(Title)

March 27, 1984
(Date)

OIL CONSERVATION COMMISSION
MAR 29 1984
APPROVED _____, 19____
BY _____
TITLE _____
Original Signed By
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.