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

Form C-104  
Superseded BY C-104 and C-110  
Effective 1-1-65  
JUL 06 1984  
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 ☒ <sup>ADD</sup> Change In Transporter Of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change In Ownership ☐ Casinghead Gas ☒ Condensate ☐  
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> , <u>NMPM</u> , 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) Bartelsville, OK 74003
If well produces oil or liquids, give location of tanks Unit <u>H</u> Sec. <u>23</u> Twp. <u>16S</u> Rge. <u>31W</u>	Is gas actually connected? <u>Yes</u> When <u>6-27-84</u>

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)	<input type="checkbox"/> Oil Well	<input 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
Date Spudded	Date Compl. Ready to Prod		Total Depth		P.B.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.

B. A. Stubb  
(Signature)

Drilling & Production Manager  
(Title)

7-5-84

OIL CONSERVATION COMMISSION

APPROVED JUL 09 1984 19  
BY Original Signed 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 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 changes of condition.  
Form C-104 must be filed for each pool in multiple.