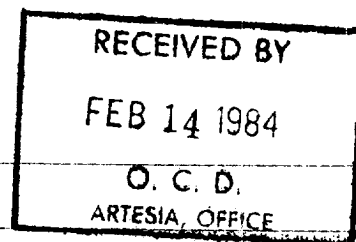


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SANTA FE	<input checked="" type="checkbox"/>	
FILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL <input checked="" type="checkbox"/>	
	GAS <input checked="" type="checkbox"/>	
OPERATOR	<input checked="" type="checkbox"/>	
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



Operator  
Read & Stevens, Inc.  
Address  
P.O. Box 1512, 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)

Testing allowable for the month of February  
of 1980.

3624'-3643' Penrose

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Turner	Well No. 1	Pool Name, Including Formation <del>Turner</del> Bunker Hill Penrose Assoc.	Kind of Lease State, Federal, or Fee	Lease No. E-9049
Location Unit Letter <u>G</u> ; 1980 Feet From The <u>North</u> Line and 1980 Feet From The <u>East</u> Line Of Section <u>13</u> Township <u>16S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

I. 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 44003			
If well produces oil or liquids, give location of tanks	Unit G	Sec. 13	Twp. 16S	Rge. 31E
Is gas actually connected? When No				
If this production is commingled with that from any other lease or pool, give commingling order number:				

II. COMPLETION DATA

Designate Type of Completion-(X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	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

V. 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

AS 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 Stubbs*  
(Signature)

Drilling & Production Manager  
(Title)

2-10-84  
(Date)

OIL CONSERVATION COMMISSION

APPROVED  
BY Original Signed By FEB 15 1984  
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.