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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  
Supersedes Form 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 ☒ 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 Turner	Well No. 1	Pool Name, Including Formation Bunker Hill Penrose	Kind of Lease State	Lease No. E-9049
Location Unit Letter G; 1980 Feet From The North Line and 1980 Feet From The East Line Of Section 13 Township 16S Range 31E, 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) Bartelsville, OK 74003					
If well produces oil or liquids, give location of tanks	Unit G	Sec. 13	Twp. 16S	Rge. 31E	Is gas actually connected? Yes	When 6-27-84
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	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

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.

*Ben J. Stobbs*  
(Signature)

Drilling & Production Manager  
(Title)

7(5a96)

OIL CONSERVATION COMMISSION

APPROVED JUL 09 1984  
BY Original Signed By  
TITLE Leslie A. Clements  
Supervisor District 8

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 multiple.