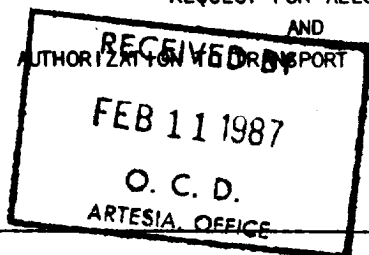


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GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	

NEW MEXICO CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

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



AUTHORIZATION AND REQUEST FOR ALLOWABLE OIL AND NATURAL GAS

Operator: Read & Stevens, Inc.

Address: Post Office Box 1518, Roswell, New Mexico 88202-1518

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)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Richardson	1	Bunker Hill Penrose Associated	State	LG-2262

Location

Unit Letter P; 660 Feet From The South Line and 660 Feet From The East
Line Of Section 15 Township 16S Range 31E, NMPM, Eddy County

II. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas ☒ Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)

Phillips Petroleum Company

Bartlesville, Oklahoma 74003

If well produces oil or liquids, ☐ Unit ☐ Sec. ☐ Twp. ☐ Rge. ☐ Is gas actually connected? ☐ When ☐
give location of tanks Yes 1/12/87

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

Actual Prod. Test-MCF/D 165 MCF	Length of Test 24 hrs	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr Flowing	Tubing Pressure (Shut-In) 480psi	Casing Pressure (Shut-In) 480psi	Choke Size 8/64"

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.


(Signature)

Drilling & Production Clerk
(Title)

2/09/87

OIL CONSERVATION COMMISSION

APPROVED FEB 11 1987, 19
BY Original Signed By
TITLE Mike Williams
Oil & Gas Inspector

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 & IV for changes of owner, well
name or number, transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple.