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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

APR 17 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

C. C. D.
ARTESIA, OFFICE

I. Operator	Read & Stevens, Inc.	Well API No.
Address P.O. Box 1518, Roswell, NM 88202		
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)		
New Well ☒	Change in Transporter of: ☐ Dry Gas ☐	
Recompletion ☐	Oil ☐	Casinghead Gas ☐ Condensate ☐
Change in Operator ☐		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Marbob St	Well No. 1	Pool Name, Including Formation Hind Palmillo II/Penn	Kind of Lease State, Federal or Foreign XXXXXXXXXX	Lease No. V-2293
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>19</u> Township <u>19S</u> Range <u>29E</u> , <u>NMPM</u> , <u>Eddy</u> County				

III. DESIGNATION 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) P.O. Box 1183, Houston, TX 77002	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) Bartlesville, OK 74004	
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>19</u> Twp. <u>19S</u> Rge. <u>29E</u>	Is gas actually connected? <u>No</u> <u>Yes</u> When? <u>5/11/89</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. 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 2-3-89	Date Compl. Ready to Prod. 3-28-89		Total Depth 11450'		P.B.T.D. 10098'			
Elevations (DF, RKB, RT, GR, etc.) 3358' GL	Name of Producing Formation Cisco		Top Oil/Gas Pay 9790		Tubing Depth 9729'			
Perforations 9795-10012					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		375'		375			
11	8 5/8		2800		1250			
7 7/8	5 1/2		10150		1965			
	2 3/8		9229					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 3-29-89	Date of Test 4-2-89	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 620	Casing Pressure pkr	Choke Size 14/64
Actual Prod. During Test	Oil - Bbls. 353	Water - Bbls. 4	Gas - MCF 700

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature John C. Maxey
Printed Name John C. Maxey Title Petroleum Engineer
Date 4-14-89 Telephone No. 505/622-3770

OIL CONSERVATION DIVISION

Date Approved MAY 16 1989

By W. H. Williams

Title SUPERVISOR, DISTRICT III

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.