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State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVED

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

DISTRICT II P.Q. Driwer DD, Asteda, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

APR 3 0 1991

DISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410	REQU	JEST FO	OR AL	LOWAE	LE AND	AUTHORIZ	ZATION	O. C. D			
• Operator		TO TRA	NSP	ORT OIL	AND NA	TURAL GA	70	ATESIA, OF	FICE		
Read & Stevens, Inc.							1		PI No.		
						30-015-26567					
P.O. Box 1518, Ro	swell,	NM 88	202								
leason(s) for Filing (Check proper box)					Oth	et (Please expl	zin)	· · · · · · · · · · · · · · · · · · ·	·		
lew Well	Oil	Change ia □									
hange in Operator	Casinghea		Dry Go								
change of operator give name id address of previous operator	ÇEELIŞIK		Codoe	usate (<u>-</u> -	···	<u></u>			
DESCRIPTION OF WELL	AND LE	ASE Well No.	The at h		ng Formation						
Jamie Federal		3			SR, Q			of Lease Federal artifica	r _	≥ No. 28096	
Unit LetterE	_:16	50	Poet P	rom The	N Lin	e and33	0 Fe	et From The _	W	Line	
Section 14 Townshi	ip 18S	 -	Range	31E	N	МРМ,	Eddy			County	
I. DESIGNATION OF TRAN	•			D NATU	RAL GAS						
ame of Authorized Transporter of Oil X or Condensate Amoco Pipeline					Address (Give address to which approved copy of this form is to be sent) P.O. Box 702068. Tulsa. OK 74170-2068						
Name of Authorized Transporter of Casinghead Gas Y or Dry Gas					Address (Giv	e address to wi	ick approved	come of this fo	41/U-206	18 me1	
Phillips					Address (Give address to which approved copy of this Bartlesville, OK 74004				- m 13 10 06 36	nu)	
well produces oil or liquids, ve location of tanks.	Unit	Sec.	Twp.	Rge.	ls gas actuall		When			·· •	
	↓ E	14	18S		No		L_wc	PL			
his production is commingled with that COMPLETION DATA	from any oth	er lease or j	pool, gi	ve comming!	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
ate Spudded	Date Compi. Ready to Prod.				Total Depth			P.B.T.D.			
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
erforations					,			Depth Casing	Shoe		
	1	UBING,	CASI	NG AND	CEMENTI	NG RECOR	Ď	<u> </u>			
HOLE SIZE					DEPTH SET			SACKS CEMENT			
	-	<u>.</u>									
·		- 	,			· · · · · · · · · · · · · · · · · · ·		 		····	
. TEST DATA AND REQUES	ST FOR A	LLOWA	BLE		1			1			
IL WELL (Test must be after i					be equal to or	exceed top allo	mable for this	depth or be f	or full 24 hou	rs.)	
ate First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure				Casing Pressure			Choke Size			
ctual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	<u></u>			 	I			1			
ctual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFIC	'ATE OF	COMP	TIAN	JCF	<u> </u>			<u> </u>			
I hereby certify that the rules and regul				1015		DIL CON	ISERV	NOITA	DIVISIO	N	
Division have been complied with and that the information given above					OIL CONSERVATION DIVISION					• • •	
is true and complete to the best of my	knowledge a	nd belief.			Date	Approve	d	MAY -	6 1991		
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	oak.				∥ ву_		ORIGINA	LSIGNED	BY		
Signature Cook / Dwo	1				لات اا		MIKE WI			· · · · · · · · · · · · · · · · · · ·	

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

505/622-

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

SUPERVISOR, DISTRICT I

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3770

Title

Telephone No.

- 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.