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 Submit 5 Copies Appropriate District Office USTRICT I	State of New Energy, Minerals and Natur		RECEIVED Form C-104 Revised 1-1-89 See Instructions	
.O. Box 1980, Hobbs, NM 88240	OIL CONSERVA		at Bottom of Pag MAY 2 3 1991	20 UY
O. Drawer DD, Areela, NM \$\$210	P.O. Bo: Santa Fe, New Me:		O. C. D.	
ISTRICT III 000 Rio Brizos Rd., Arise, NM \$7410	REQUEST FOR ALLOWAB		ARTESIA, OFFICE	ť
Operator	TO TRANSPORT OIL		Well API No.	
Read & Stevens,	, Inc.	. <u></u>	30-015-26567	
P.O. Box 1518,	Roswell, NM 88202			<u> </u>
leason(s) for Filing (Check proper box)	Change in Transporter of:	Other (Please explain)		
Recompletios	Oil I Dry Gas I Casinghead Gas Condennate			
change of operator give same ad address of previous operator				
I. DESCRIPTION OF WELL	AND LEASE		Kind of Lease Lease No.	<u></u>
Lesse Name Jamie Federal	Well No. Pool Name, Includin 3 Shugart Ya	tes 7RVRS QN GBB	Some, Federal or Free NM-28096	
Location Unit Letter <u> </u>	: 1650 Feet From The	N Line and 330	Feet From TheW	Line
		, NMPM, Edd		
			1 2	
Name of Authorized Transporter of Oil	SPORTER OF OIL AND NATU	Address (Give address to which a	approved copy of this form is to be sent)	
Amoco PL Intercorpora Name of Authonized Transporter of Casia			<u>Fulsa, OK 74170–2068</u> approved copy of this form is to be sent)	<u></u>
Phillips If well produces oil or liquids,	Unit Sec. Twp. Rge.	Bartlesville, OK Is gas actually connected?	74004	
rive location of tanks.	From any other lease or pool, give comming	No		
V. COMPLETION DATA			Deepen Piug Back Same Res'v Diff F	
Designate Type of Completion	- (X)	i i i		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	9 P.B.T.D.	
Elevations (DF, RKB, RT, GR, elc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING AND		SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUE	ST FOR ALLOWABLE			
OIL WELL (Test must be after i Date First New Oil Run To Tank	recovery of total volume of load oil and must Date of Test	be equal to or exceed top allowal Producing Method (Flow, pump,	ile for this depth or be for full 24 hours.) sas lift, etc.)	
		Casing Pressure	Choke Size	
Length of Test	Tubing Pressure		Gat- MCF	
Actual Prod. During Test	Oil - Bble.	Water - Bbls.		
GAS WELL				i
Actual Prod. Test + MCF/D	Langth of Test	Bbis, Condensate/MMCF	Gravity of Condensate	
Tosting Method (pilos, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI. OPERATOR CERTIFIC			ERVATION DIVISION	<u></u>
I hereby certify that the rules and regu Division have been complied with and is the and complete to the best of my	i that the information given above		•••••••	!
is true and complete to the best of my		Date Approved	<u>MAY 2 4 1991</u>	
Signature Jandra (ook	By ORIG	INAL SIGNED BY	, 1
Sandra Cook/Pr Printed Name	roduction Analyst		RVISOR, DISTRICT I	
5/22/91 Date	505/622-3770 Telephone No.		an a	
		Pule 1104		
1) Request for allowable for	rm is to be filed in compliance with r newly drilled or deepened well mu	ist be accompanied by tabul	ation of deviation tests taken in acco	ordanc
with Rule 111,	must be filled out for allowable on	new and recompleted wells		
3) Fill out only Sections I.	II, III, and VI for changes of operations the filed for each proof in multiply	or, well name or number, u	ansporter, or other such changes,	

Fill out only Sections I, II, III, and VI for changes of operator, well name or nu
Separate Form C-104 must be filed for each pool in multiply completed wells.

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