

C/SF
NT
Op

Form C-104
Revised February 10, 1994
Instructions on back
o Appropriate District Office
5 Copies

☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address		OGRID Number	
Read & Stevens, Inc P. O. Box 1518 Roswell, New Mexico 88202-1518		018917	
		Reason for Filing Code	
		NW	
API Number	Pool Name	Pool Code	
30 - 0 15-29251	Fenton Delaware	24320	
Property Code	Property Name	Well Number	
016259	Nix Federal	9	

II. ¹⁰ Surface Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West line	County
P	28	21S	28E		990	South	990	East	Eddy

" Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
" Lee Code F	" Producing Method Code Pumping	" Gas Connection Date			" C-129 Permit Number		" C-129 Effective Date		" C-129 Expiration Date

III. Oil and Gas Transporters

[illegible]

IV. Produced Water

POD	POD ULSTR Location and Description
2814823	E Section 27 T21S-R28E

V. Well Completion Data

" Spud Date	" Ready Date	" TD	" PBTD	" Perforations
02-24-97	04-02-97	2740'	2680'	2600-2618'
" Hole Size	" Casing & Tubing Size	" Depth Set	" Socks Content	
11"	8 5/8"	550'	300 sx PP Class H w/add	
7 7/8"	5 1/2"	2738'	675 sx HL & 50/50 POZ w/add	
	2 3/8"	2634'		

VI. Well Test Data

" Date New Oil	" Gas Delivery Date	" Test Date	" Test Length	" Tbg. Pressure	" Csg. Pressure
04-02-97		04-13-97	24		
" Choke Size	" Oil	" Water	" Gas	" AOF	" Test Method
	54	90	0		Pumping

"I hereby certify that the rules 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: _____
Printed name: John C. Maxey, Jr.

Title: Petroleum Engineer

Date: April 22, 1997	Phone: 505-622-3770
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OIL CONSERVATION DIVISION

Approved by: **ORIGINAL SIGNED BY TIM W. GUM**
Title: **DISTRICT II SUPERVISOR**

Approval Date: MAY 20 1997

^a If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
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