

NO. OF COPIES RECEIVED		
DISTRIBUTION		
ANTA FE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.G.S.		
AND OFFICE		
TRANSPORTER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PERATOR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ORATION OFFICE		

NEW MEXICO CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED BY

MAR 06 1986

O. C. D.

ARTESIA, OFFICE

Operator: Read & Stevens, Inc.  
Address: Post Office Box 1518, Roswell, New Mexico 88202

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)

Change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Kimbley	1	North Loving Atoka Gas	Fee	

Location

Unit Letter F; 2310 Feet From The North Line and 1947 Feet From The West  
Line Of Section 19 Township 23S Range 28E, NMPM, Eddy County

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)

Koch Service, Inc. P.O. Box 2256, Wichita, KS 67201

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

El Paso Natural Gas Company P.O. Box 1492, El Paso, TX 79978

If well produces oil or liquids, Unit D Sec. 19 Twp. 23S Rge. 28E Is gas actually connected? Yes When 8-10-82  
Give location of tanks

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

COMPLETION DATA

Designate Type of Completion-(X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff. Res'v
		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>

Date Spudded	Date Compl. Ready to Prod	Total Depth	P.B.T.D.
12-31-81	4-27-82	12,700'	12,600'

Elevations (DF, RKB, RT, GR, etc)	Name of Prod. Formation	Top Oil/Gas Pay	Tubing Depth
3083.29' GL	Atoka Lime	11,157'	11,100'

Perforations	Depth Casing Shoe
11,157'-11,801'	9570'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	400'	500sx Class "C" w/2% CC
14"	10 3/4"	2450'	2550sx HLC & 200sx Class "C"
9 7/8"	7 5/8"	9570'	1000sx TLW & 300sx Class "H"
-	5" Liner	9334'-12,700'	35sx TLW & 348sx Class "H"
-	2 7/8"	9248'	-
-	2 3/8"	12,152'	-

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
--------------------------	-----------	-------------	---------

CONDENSATE WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
CAOF 917	4hrs	-	-

Testing Method (pitot, back pr)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-in)	Choke Size
4-Point Test	-	-	5/64"-7/64"

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the New Mexico 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 Manager  
(Title)

March 6, 1986

OIL CONSERVATION COMMISSION

APPROVED JUN 26 1986, 19

BY Original Signed By

TITLE Les A. Clements

Supervisor District II

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.