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REGISTRATION 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) Other (Please explain)

New Well Change In Transporter Of:
 Recombination Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If 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.
<u>Kimbley</u>	<u>1</u>	<u>North Loving Atoka Gas</u>	<u>Fee</u>	

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, give location of tanks Unit D Sec. 19 Twp. 23S Rge. 28E Is gas actually connected? Yes When 8-10-82

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

II. 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 <u>12-31-81</u>	Date Compl. Ready to Prod <u>4-27-82</u>	Total Depth <u>12,700'</u>	P.B.T.D. <u>12,600'</u>					
Elevations (DF, RKB, RT, GR, etc) <u>3083.29' GL</u>	Name of Prod. Formation <u>Atoka Lime</u>	Top Oil/Gas Pay <u>11,157'</u>	Tubing Depth <u>11,100'</u>					
Perforations <u>11,157'-11,801'</u>			Depth Casing Shoe <u>9570'</u>					

TUBING, CASING, AND CEMENTING RECORD

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

III. 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 _____

IV. TEST WELL

Actual Prod. Test-MCF/D CAOF 917 Length of Test 4hrs Bbls. Condensate/MCF _____ Gravity of Condensate _____
 Testing Method (pitot, back pr) 4-Point Test Tubing Pressure (Shut-In) _____ Casing Pressure (Shut-in) _____ Choke Size 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.

Barbara A. Stebbins
(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.