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	GAS	✓
OPERATOR	✓	
PRORATION OFFICE		

NEW MEXICO CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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FEB 08 1984
O. C. D.
ARTESIA, OFFICE

Operator ✓
Read & Stevens, Inc.

Address
P.O. Box 1518, Roswell, NM 88201

Reason(s) for filing (Check proper box)

New Well	X	Change in Transporter of:	
Recompletion		Oil	Dry Gas
Change in Ownership		Casinghead Gas	Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Cass Draw	1	North Cass Draw Atoka	State, Federal, or Fee	-

Location
Unit Letter I ; 1980 Feet From The South Line and 990 Feet From The East
Line Of Section 24 Township 26S Range 24E NMPM, Eddy County

II. 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)
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Company	P.O. Box 2521, Houston, TX 77252

If well produces oil or liquids, give location of tanks	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	24	26S	24E	Yes	2-1-84 ✓

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

III. COMPLETION DATA

Designate Type of Completion-(X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv'r	Diff. Resv'r
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1-19-82	2-[illegible]-33	12,740'	12,65'1
Elevations (DF, RKB, RT, GR, etc)	**Name of Prod. Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3087.4' GR	Atoka	11,550'	~~12,65'1~~ 11,384
Perforations			**Depth Casing Shoe**
11,550'-11,848'			12,740'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	16"	400'	500sx
14 3/4"	10 3/4"	2438'	1650sx
9 7/8"	7 7/8"	9515'	850sx
	2 3/8" & 2 7/8"	11,384'	None
6 1/2"	5"	12,723'	475sx

IV. 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)

OIL WELL

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
360	24hrs	0	-
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	4530psi	1340psi	10/64"

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commision have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Bruce Stubbs
(Signature)

Drilling & Production Manager
(Title)

2-7-84
(Date)

OIL CONSERVATION COMMISION

APPROVED FEB 10 1984, BY

Original Signed By
Leslie A. Clements
Supervisor District II

TITLE

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, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple.