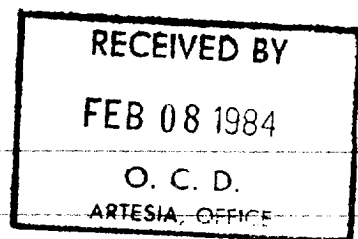


COPIES RECEIVED	
DISTRIBUTION	
ANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	

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 1-1-69



Operator
Read & Stevens, Inc.
Address
P.O. Box 1518, Roswell, NM 88201

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well ☒ Change in Transporter Of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Location	Kind of Lease	Lease No.
Ogden	1	North Loving Morrow	State, Federal, or Fee	
Location				
Unit Letter	G	1980 Feet From The North Line and	1830 Feet From The East	
Line Of Section	29	Township	23S Range	20E, NMPM, Eddy County

II. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	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. Rgn. Is gas actually connected? When
	G 29 23S 27E Yes 1-16-84 <input checked="" type="checkbox"/>
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 Resist	Diff. Resist
		X	X					
Date Spudded	Date Compl. Ready to Prod	Total Depth	P.B.T.D.					
8-11-82	1-24-83	12,764'	12,690'					
Elevations (DF, RKB, RT, GR, etc)	Name of Prod. Formation	Top Oil/Gas Pay	Tubing Depth					
3083.0' GR	Morrow	12,230'	12,177.12'					
Perforations			Depth Casing Shoe					
12,230'-12,233'; 12,236'-12,238'; 12,242'-12,254'; 12,310'-12,316'; 12,327'-12,332'; 12,334'-12,338'			12,764'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16"	405'	500sx
14 3/4"	10 3/4"	2490'	1800sx
9 7/8"	7 7/8"	9595'	850sx
-	2 3/8" & 2 7/8"	12,177.12'	None
6 1/2"	5"	12,764'	685sx

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)

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
810	24hrs	0	0
Testing Method (pitot, back pr)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size
Back Pressure	4500psi	0	9/64"

CERTIFICATE OF COMPLIANCE

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

Bruce Stobbs
(Signature)

Drilling & Production Manager
(Title)

2-7-84
(Date)

OIL CONSERVATION COMMISSION

APPROVED: **FEB 10 1984**
BY: *Original signed*
TITLE: **Leslie 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, 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 multiply.