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TRANSPORTER	OIL <input checked="" 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 1-1-83
RECEIVED BY
AUG 31 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 ☒ 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

DESCRIPTION OF WELL AND LEASE
Lease Name Otis "34" Well No. 1 Pool Name, Including Formation Wildcat Penn Kind of Lease Fee Lease No.
Location
Unit Letter F ; 1828.5 Feet From The North Line and 1980 Feet From The West
Line Of Section 34 Township 22S Range 27E ,NMPM, Eddy County

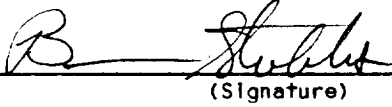
DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Address(Give address to which approved copy of this form is to be sent)
Koch Oil Company P.O. Box 2256, Wichita, KS 67201
Name of Authorized Transporter of Casinghead Gas ☐ Dry Gas ☒ Address(Give address to which approved copy of this form is to be sent)
Llano Inc. P.O. Drawer 1320 Hobbs, NM 88240
If well produces oil or liquids, give location of tanks Unit F Sec. 34 Twp. 22S Rge. 27E Is gas actually connected? Yes When 8-27-84
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 Res'v Diff. Res'v
Date Spudded 11-7-83 Date Compl. Ready to Prod 4-17-84 Total Depth 12,180' P.B.T.D. 10,259'
Elevations(DF,RKB,RT,GR,etc) 3107' GL Name of Prod. Formation 4-17-84 Top Oil/Gas Pay 9789' Tubing Depth 9715'
Perforations 9789'-9844', 9811'-9817' Depth Casing Shoe

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	460'	475sx
12 1/4"	9 5/8"	5550'	2200sx
8 1/2"	7 7/8"	10402'	700sx
6 1/4"	5"	12180'	225sx
-	2 7/8"	9709'	-

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 3019 Length of Test 4 hrs. Bbls. Condensate/MMCF - Gravity of Condensate -
Testing Method(pilot, back pr) 4 point test Tubing Pressure (Shut-in) 2150psi Casing Pressure(Shut-in) 1250psi Choke Size 12/64"

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.

(Signature)
Drilling & Production Manager
(Title)
August 30, 1984
OIL CONSERVATION COMMISSION
APPROVED **SEP 6 1984**, 19
BY **Original Signed By**
TITLE **Leslie A. Clements**
Supervisor District II
This form is to be used in accordance 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 changes.
This form must be filed for each pool in multiple.