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LAND OFFICE		
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-10
Effect **RECEIVED BY**
OCT 18 1984
O. C. D.
ARTESIA, OFFICE

Operator Read & Stevens, Inc.	
Address P.O. Box 1518, Roswell, NM 88201	
Reason(s) for filling (Check proper box) New Well <input checked="" type="checkbox"/> Change In Transporter Of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change In Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Other (Please explain)
If change of ownership give name and address of previous owner	

I. DESCRIPTION OF WELL AND LEASE

Lease Name Otis "33"	Well No. 2	Pool Name, Including Formation Unit South Carlsbad Morrow	Kind of Lease Fee	Lease No. -
Location Unit Letter <u>EC</u> ; 2130 Feet From The West Line and 990 Feet From The North Line Of Section 33 Township 22S Range 27E, NMPM, Eddy County				

II. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Koch Oil Company	Address(Give address to which approved copy of this form is to be sent) P.O. Box 2256 Wichita, KS 67201					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Llano, Inc.	Address(Give address to which approved copy of this form is to be sent) P.O. Drawer 1320 Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks	Unit C	Sec. 33	Twp. 22S	Rge. 27E	Is gas actually connected? No Yes	When 10-25-84 11-9-84
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
		X	X					
Date Spudded 3-29-84	Date Compl. Ready to Prod 7-31-84	Total Depth 12,070'	P.B.T.D. 11,870'					
Elevations(DF, RKB, RT, GR, etc) 3107 GL	Name of Prod. Formation Morrow	Top Oil/Gas Pay 11,664'	Tubing Depth 11,626'					
Perforations 11,664'-11,680', 11,761'-11,766'			Depth Casing Shoe 12,070'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	13 3/8"	443'	475sx					
12 1/4"	9 5/8"	5480'	1900sx					
7 7/8"	5 1/2"	12,052'	2400sx					
-	2 7/8"	11,626'	-					

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)

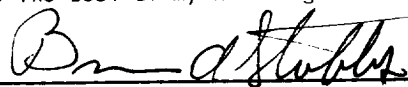
Date First New Oil Run To Tanks:	Date of Test	Producing Method(Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 3870 CAOF	Length of Test 4 hrs	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method(pilot, back pr) 4 Point Test	Tubing Pressure (Shut-in) 3900psi	Casing Pressure(Shut-in) 2600psi	Choke Size 5/64"

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)

10-17-84
(Date)

OIL CONSERVATION COMMISSION

APPROVED **NOV 16 1984**, 19
BY Original Signed By
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.