

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

Form C-104
 Supersedes Old C-104 and C-11
 Effective 1-1-65

OPERATOR	OIL
OPERATION OFFICE	GAS

Read & Stevens, Inc.

P.O. Box 2126, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>					

Other (Please explain): **Testing Allowable of 200 bbls.**

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well No.	1	Pool Name, Including Formation	Dickenson San Andres	Kind of Lease	Lease No.
Section	Fawn Cherie	Fee			
Location	Unit Letter <u>M</u> <u>660</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>South</u>				
Line of Section	<u>26</u>	Township	<u>10S</u>	Range	<u>36E</u> , NMPM, <u>Lea</u> County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
UNI OIL, INC.	<u>P.O. Box 36158, Houston, Texas 77081</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>M 26 10S 36E</u> - - - - -

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>2/21/78</u>			Tubing Depth					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Depth Casing Shoe					
<u>3992.8' GR - 4004' RKB</u>								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil 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.)
	<u>6/24/78</u>	<u>Pumping</u>
Length of Test	Tubing Pressure	Casing Pressure
<u>24 hours</u>		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
<u>35</u>	<u>8</u>	<u>27</u>
		Gas - MCF
		<u>TSTM</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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] (Signature)
 Production Clerk (Title)
 June 28, 1978 (Date)

OIL CONSERVATION COMMISSION
 JUN 30 1978

APPROVED _____, 19____
 BY Jerry Scatell
 TITLE Dist. L. Supv.

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for wells on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.