

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED	
DATE	
TIME	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
OPERATION OFFICE	

READ & STEVENS, INC.

P.O. Box 2126, Roswell, NM 88201

Reason (X) for filing (Check proper box)

New well
 Extension
 Change in Ownership

Change in Transporter of:
 Oil Dry Gas
 Casinghead Gas Condensate

Other (Please explain)

Gas Connection

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name State "BG"	Well No. 2	Pool Name, including Formation Quail Queen	Kind of Lease State, Leasehold	Lease No. OG-1847
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1680</u> Feet From The <u>East</u> Line of Section <u>14</u> Township <u>19S</u> Range <u>34E</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"/> Western Crude Oil, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1142, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Oklahoma
If well produces oil or liquids, give location of tanks.	Unit <u>H</u> Sec. <u>14</u> Twp. <u>19S</u> Rge. <u>34E</u> Is gas actually connected? <u>yes</u> When <u>5/6/77</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DE, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

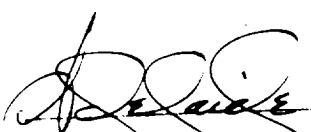
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Pres. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

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

VII. 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.


 Production Clerk
 (Title)
 April 17, 1978
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY Jerry Sexton
 Original Signed by
 TITLE Dist. 1. 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 deviat tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for all able on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit