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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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 1-1-65

Operator
Read & Stevens, Inc.
Address
P.O. Box 1518, Roswell, NM 88201
Reason(s) for filling (Check proper box) Other (Please explain) 150 BC
 New Well Change In Transporter Of:
 Recompletion Oil Dry Gas
 Change In Ownership Casinghead Gas Condensate
 Testing allowable for ~~5-20-84~~ for the month of June.

If change of ownership give name and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Blackmar</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Wildcat-Paddock</u>	Kind of Lease <u>Fee</u>	Lease No.
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Location
Unit Letter P; 330 Feet From The South Line and 660 Feet From The East Line Of Section 5 Township 17S Range 37E, NMPM, Lea County

II. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>KOCH Oil Company</u>	Address(Give address to which approved copy of this form is to be sent) <u>P.O. Box 2256, Wichita, KS 67201</u>
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)

If well produces oil or liquids, give location of tanks	Unit <u>P</u>	Sec. <u>5</u>	Twp. <u>17S</u>	Rge. <u>37E</u>	Is gas actually connected?	When
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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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff. Res'v
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Date Spudded	Date Compl. Ready to Prod	Total Depth	P.B.T.D.
Elevations(DF,RKB,RT,GR,etc)	Name of Prod. 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

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method(pilot, back pr)	Tubing Pressure (Shut-In)	Casing Pressure(Shut-In)	Choke Size

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)

June 10th 1984

OIL CONSERVATION COMMISSION

APPROVED JUN 21 1984, 19 _____
BY Eddie W. Seay
TITLE Oil & Gas Inspector

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 changes.
Separate Form C-104 must be filed for each pool in multiple.