FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator

Read & Stevens, Inc.

Address

P.O. Box 1518, Roswell, NM 88201

Reason(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change In Ownership ☐

Change In Transporter Of:
Oil ☐
Casinghead Gas ☐
Dry Gas ☐
Condensate ☐

Other (Please explain)
Connected low pressure separator gas to Phillips.
* Change Pool Name

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
North Lea Federal	2	*North Lea Penn	XState Federal, XorXFeeX	56264

Location

Unit Letter __F__ ; __1980__ Feet From The __West__ Line and __1880__ Feet From The __North__
Line Of Section __10__ Township __20S__ Range __34E__ ,NMPM, __Lea__ County

II. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒

Permian Corp.

Address(Give address to which approved copy of this form is to be sent)
P.O. Box 1183, Houston, TX 77251-1183

Name of Authorized Transporter of Casinghead Gas ☐ Dry Gas ☒
Liqne Inc - Dry gas
& Phillips 66 Natural Gas [flash gas]
GPM Gas Corporation, EFFECTIVE February 1, 1992

Address(Give address to which approved copy of this form is to be sent)
Gas Measurement Section, Bartlesville, OK 74004

If well produces oil or liquids, give location of tanks

	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	10	20S	34E	Yes	3-31-88

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						

Date Spudded	Date Compl.Ready to Prod	Total Depth	P.B.T.D.
6-25-87	9-7-87	13,850 K.B.	13,636 K.B.

Elevations(DF,RKB,RT,GR,etc)	Name of Prod. Formation	Top Oil/Gas Pay	Tubing Depth
3,639 GR	North Lea Penn	12,924	13,151

Perforations	Depth Casing Shoe
13,177-13,182, 13,188-13,190, 13,193-13,216	13,850

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½"	13 3/8"	1,608'	1,265sx
11"	8 5/8"	5,198'	3,675sx
7 7/8"	5½"	13,850'	2,765sx

V. 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(pitot, 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)

Petroleum Engineer
(Title)

4-8-88
(Date)

OIL CONSERVATION COMMISION

APPROVED **APR 14 1988** , 19 ___
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I SUPERVISOR

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.