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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
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Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

OCT 25 1972

Operator <b>Read &amp; Stevens, Inc.</b>		<b>O. C. C.</b> <b>ARTESIA, OFFICE</b>
Address <b>P.O. Box 2126, Roswell, New Mexico 88201</b>		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Change in Operators <i>Lease Name</i> Effective October 1, 1972
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"/>	

If change of ownership give name and address of previous owner Shawmut Oil Corp, 1500 Commerce Bldg, Fort Worth Texas 76102

<b>I. DESCRIPTION OF WELL AND LEASE</b>		Lease No.
Lease Name <b>New Mexico "H" State</b>	Well No. <b>1</b> Pool Name, including Formation <b>Haystack-Cisco</b>	<b>K4025, L2463</b>
Location		
Unit Letter <b>'K'</b> ; <b>1980</b> Feet From The <b>West</b> Line and <b>1980</b> Feet From The <b>South</b>		
Line of Section <b>16</b> Township <b>6S</b> Range <b>27E</b> , NMPM, <b>Chaves</b> County		

<b>II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS</b>		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	<b>Permian Oil Company</b>	<b>P.O. Box 1183, Houston, Texas</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	<b>Transwestern Pipeline Company</b>	<b>P.O. Box 2521, Houston, Texas</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>K</b> Sec. <b>16</b> Twp. <b>6S</b> Rge. <b>27E</b>	Is gas actually connected? <b>yes</b>	When <b>1-28-72</b>

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

<b>V. COMPLETION DATA</b>		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
Perforations						Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

<b>VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL</b> (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 Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

<b>GAS WELL</b>			
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

**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.

John L. Anderson Jr  
(Signature)  
Agent  
(Title)  
October 23, 1972  
(Date)

**OIL CONSERVATION COMMISSION**  
**OCT 27 1972**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY W. A. Everett  
TITLE OIL AND GAS INSPECTOR

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened 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