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Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

State of New Mexico
Energy, Minerals and Natural Resources Department

RECEIVED

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

FEB 27 1992

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Azusa, NM 88210
DISTRICT III
1000 Rio Brizos Rd., Aztec, NM 87410

Operator Read & Stevens, Inc.		Well API No. 30-005-62856
Address P.O. Box 1518, Roswell, NM 88202		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Haystack Federal	Well No. 4	Pool Name, including Formation Wildcat <i>Edred</i>	Kind of Lease State, Federal or Free	Lease No. NM-18970
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>N</u> Line and <u>2310</u> Feet From The <u>E</u> Line Section <u>30</u> Township <u>6S</u> Range <u>27E</u> , <u>NMPM</u> , <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Scurlock Permain Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648, Houston, TX 77210-4648	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, TX 77251-1188	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 30
	Twp. 6S	Rge. 27E
	Is gas actually connected? Yes	When? 2-4-92

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

IV. 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 (DF, RKB, RT, GR, 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		

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 Rns To Tank	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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Sandra Cook
Signature
Sandra Cook/ Production Analyst
Printed Name
2/25/92
Date
505/622-3770
Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 8 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

CONFIDENTIAL

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FEB 26 1992

OCD HOBBS OFFICE

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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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MAY 19 1992

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Read & Stevens, Inc. ✓		Well API No. 30-005-62856
Address P.O. Box 1518, Roswell, NM 88202		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name West Haystack Federal	Well No. 4	Pool Name, Including Formation Wildcat <i>Acad</i>	Kind of Lease State, Federal or Leas	Lease No. NM-18970
Location Unit Letter <u>G</u> <u>1</u> 1980 Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line Section <u>30</u> Township <u>6S</u> Range <u>27E</u> NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Amoco Production	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3092, Houston, TX 77253					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, TX 77251-1188					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 30	Twp. 6S	Rge. 27E	Is gas actually connected? Yes	When? 2-4-92

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 11-19-91	Date Compl. Ready to Prod. 1-22-92		Total Depth 5948'		P.B.T.D. 5879'			
Elevations (DF, RKB, RT, GR, etc.) 3842.9' GL	Name of Producing Formation Cisco		Top Oil/Gas Pay 5704'		Tubing Depth 5500'			
Perforations 5704-5711					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	1105'	650 sx <i>Part ID-2</i>
7 7/8"	5 1/2"	5942'	475 sx <i>5-15-92</i>
			<i>comp + BK</i>

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 Tank	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 1081	Length of Test 24 hrs.	Bbls. Condensate/MMCF 2	Gravity of Condensate 57
Testing Method (prior, back pr.) Back Pr.	Tubing Pressure (Shut-in) 1024	Casing Pressure (Shut-in) 0	Choke Size 15/64

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature *John C. Maxey, Jr.*
Printed Name John C. Maxey, Jr./Petroleum Engineer
Date 2/14/92 Telephone No. 505/622-3770

OIL CONSERVATION DIVISION

Date Approved MAY 8 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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