Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM \$8240

State of New Mexico Energy, Minerals and Natural Resources Department RECEIVED

e Instructions

DIVE DD. ANGEL NM \$1210

OIL CONSERVATION DIVISION
P.O. Box 2088

FEB 2 7 1992

Santa Fe, New Mexico 87504-2088

000 Rio Britos Rd., Attac, NM 87410	PEOLIEST		LOWAR	LE AND AUTH		TINESIA	OFFICE				
	TO TE	RANSPO	ORT OIL	AND NATURA	L GAS						
Dentor	1					Wall A	PI No.	<u> </u>			
Read & Stevens,	Inc. /					3	0-005-62	856			
Address P.O. Box 1518,	Pogran 11 NM	88202)								
Reason(s) for Filing (Check proper box)		00202	<u>. </u>	Other (Plea	se explain))	+	1			
New Well		is Transpo	orter of:		•		1				
Recompletios 🔲	Oil [Dry G	ıs 🔲								
Change is Operator	Casinghead Gas (Conde	ante X					· · · · · · · · · · · · · · · · · · ·			
change of operator give name and address or previous operator				 					.		
I. DESCRIPTION OF WELL											
Lease Name				ng Formation			(Lessa Federal & Feex	NM-1	⊯ No. 2070		
West Haystack F	ederal 4		Vildcat	Guses		1		NM-1	3970		
Unit LetterG	: 1980	Feat F	rom The	N Line and _	231	0 Fe	st From The	E	Line		
Section 30 Towns	hip 6S	Range	27E	, NMPM,	+4	Chav	es	*	County		
III. DESIGNATION OF TRA			D NATU								
Name of Authorized Transporter of Oil		densale	X	Address (Give addre					•		
Scurlock Permai Name of Authorized Transporter of Cas		Pa	. C C. T.	P.O. Box 4	louston	TX 77210-4648					
Transwestern Pi		or Dry	Con 🔯	Address (Give addre P.O. Box 1							
If well produces oil or liquids,	Unit Sec.	Twp	Rge			When		231-110	2		
pive location of tanks.		: •	27E	Yes	1	_ i	2-4-92				
f this production is comminged with the	at from any other lease	or pool, gi	ive comming	ing order number:							
V. COMPLETION DATA							γ	1.			
Designate Type of Completio	n - CO i	Vell	Cas Well	New Well Worl	cover	Dospen	Plug Back S	ame Res'v	Diff Res'v		
Date Spudded	Date Compl. Read	v to Prod.		Total Depth			P.B.T.D.		L		
Can opinion		,				•	7.5.1.5.				
levations (DF, RXB, RT, GR, etc.) Name of Producing Formation			3	Top Oil/Gas Pay	. 	Tubing Depth					
Perforations				<u> </u>			Depth Casing	Shoe	ı		
	TIDIN	CASI	ING AND	CEMENTING R	ECOPT	·	<u> </u>	 			
HOLE SIZE	CASING 8				H SET		SA	CKS CEME	NT		
	7			1			 				
				I							
V. TEST DATA AND REQUI						. 1.1 - 2 41.1	· - 1 - 1 1 - 2 -	- 4 11 9 4 1 -	. 1		
OIL WELL (Test must be after Date First New Oil Rus To Tank	Date of Test	ome of loca	OU AND MUSI	Producing Method (r jul 24 hour.	1.)		
Date II a law on ros o law	Date of 162		•		, wa, pan	M. 9— -3-9 -			2		
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gu- MCF			
•							1				
GAS WELL	······································					A					
Actual Prod. Test - MCF/D	Langth of Test	· · · · ·		Bbls. Condensate/M	MCF		Gravity of Co	ndenssis			
•	,							•			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Sh	nx-iv)		Choke Size				
								111			
VI. OPERATOR CERTIFI	CATE OF CO	MPLIA:	NCE		CONT	e E DV	ATILL		Ni		
I hereby certify that the rules and re-	guistions of the Oil Co	aservation		II OIL	CON	oenv.	ATION D		IN		
Division have been compiled with a is true and complete to the best of m	ng that the information ny knowledge and heli	। givez abo।	ve		-		AAV -	# 0.00			
Z ^		•		Date App	oroved		1AY 8	1992			
Sandy Co	ok				0.5.	CIRLAL	SIGNED BY	,			
Signature				By		GINAL S					
Sandra Cook/ Pr	roduction Ana				. 6111 MIN	PERVISO	R. DISTRIC	CT II			
2/25/92	505/622-	Т∷. -3770		Title	301		,	·			
Date	3037022	Telephone	No.	11		*		•			

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.

FEB 2 6 1992

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OCD HOBBS OFFICE

Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM \$2240

DISTRICT II
P.O. Drawe DD, Areda, NM \$2210

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

DISTRICT III	R.A	AMAR	NM	27410
1000 Kio Brizos	ΚŒ,	ADEC,	um	-1410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	1	U IHAN	STU	NI OIL	AND NAT	UI IAL GA	N III N	T No.				
perator	_ /							ė.	5-62856	5		
Read & Stevens.	Inc. V			······								
P.O. Box 1518.	Doctro 11	NM R	8202	<u>.</u>								
P.O. BOX 1018, Reason(s) for Filing (Check proper box)	VORMETT.	1 1111 0			Other	(Please explain	n)	1		*		
New Well	(Change in Ti	napor	Ler of:		1.		,				
Recompletion	Oil	a 🔲 .	ry Gas			i						
Change in Operator	Casinghead	Gu 🔲 C	condens	ate 🔲						لـــــــــــــــــــــــــــــــــــــ		
change of operator give name						i						
ad address of previous operator												
I. DESCRIPTION OF WELL	AND LEA	SE					1.00		1,			
Lease Name		Well No. P		•	g Formation			(Lesse Federal oK FeX:	l	Lesse No.		
West Haystack Fed	eral	4	Wi	ldcat	Osseo				NM-	-18970		
Locatios							_		E+			
Unit LatterG	19	80	Feat Fro	on The	North Une	and231	<u>'U</u> F•	et From The _	East	Line		
							,			County		
Section 30 Towns	6S		Range	27E	, NA	IPM,	Chaves			County		
	Wên a name	n 011 011		D 314 777 11	217 616							
III. DESIGNATION OF TRAINER OF Authorited Transporter of Oil	ASPORTE	or Condens			Address (Give	address to wh	ich approved	copy of this fo	rm is to be	sent)		
		G COLORES		\square		x 3092						
Amoco Production Name of Authorized Transporter of Casi	ohead Gas		or Dry	Gu [X]		address to wh						
Transwestern Pipeli		<u> </u>										
I well produces oil or liquids,	Unit	Sec.	Twp.	Rge			When	n. TX 77251-1188				
give location of tanks.	G	30	6S	27E	Yes		i	2-4-92	2			
If this production is commingled with the						er:				11		
IV. COMPLETION DATA			•	. •	-							
	, , , , , , , , , , , , , , , , , , , 	Oil Well	$\neg \neg $	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	1 • (X)	i	j	X	i x	İ	İ	Í	<u> </u>	l		
Date Spudded	Date Com	N. Ready to	Prod.		Total Depth			P.B.T.D.				
11-19-91	1-22-	1-22-92			5948'			5879 '				
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
3842.9' GL	Cisco				5704	·		5500 '				
Performions	,							Depth Casin	ig Shoe			
5704-5711												
					CEMENTI	NG RECOR		· · · · ·				
HOLE SIZE	CA	SING & TU		SIZE	DEPTH SET			SACKS CEMENT 650 sx Port ID-2				
12 1/4"		8 5/8"			1105' !!			650 sx fort ID-				
7 7/8"		5 1/2"			594	42'		4/5	SX	2 - 13 - 1 <u>4</u>		
							1			emp + BH		
	CO POD	A T T CONTA	DI E		<u> </u>		+					
V. TEST DATA AND REQUI	SI FOR			all and miss	he equal to as	avosed top all	oundle for th	is dentk or be	for full 24 k	iours.)		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		oj toda	ou and mus	Producing M	ethod (Flow, pi	ump, gas lift.	etc.)	7			
Offs Like Men Oil Kittle to 1 feet	Dank of 16	. E.					1					
Length of Tes	Tubing Pr	Tubing Program				Casing Pressure			Choke Size			
Length of 1ea	1 comp	Tubing Pressure							11			
Actual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF					
Actual Float During Float	0	•										
					1	l.						
GAS WELL		V ant			1 1150 0000	in AAA	- 4	(Coulty of	Condensate			
Actual Prod. Test - MCF/D	Leagur of	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
1081	24 hrs.			Casing Pressure (Shut-in)			57 Choke Size					
Tosting Method (pilot, back pr.)	1	Tubing Pressure (Shut-in)										
Back Pr.	1024				┤┌─── ─	0		15/64				
VI. OPERATOR CERTIFI				NCE			ISERV	ΆΤΙΩΝΙ	סועום	ION		
I hereby certify that the rules and re-					1		AOFUA	AHON	D1 4 10	1011		
Division have been complied with and that the information given above					MAY # 8 1992							
is true and complete to the best of m	in enominates	ena veller.			Date	Approve	ed	67 (° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °				
John (M)	(-()				1 ,	• •	¹ j		•			
				By ORIGINAL SIGNED BY								
Signature John C. Maxey, Jr./Petroleum Engineer												
Frinted Name	, 91./P	erroren	Tiue	Frifeet	7711-	. 63	IDERVIRA	R. DISTR	CTII			
2/14/92	50	5/622-3	770		Title		11 (c) (1 () (c)					
Date			ephone	No.	₩ .					L		
										b .		

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