

U.S.S. ☒
IND OFFICE ☒
TRANSPORTER ☒
PERATOR ☒
RORATION OFFICE ☒

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Superseded Old C-104 and C-105
Effective 1-1-01

RECEIVED

FEB 22 '88

operator Read & Stevens, Inc.
address P.O. Box 1518, Roswell, NM 88202

O. C. D.
ARTESIA OFFICE

Reason(s) for filing (Check proper box) ☐ New Well ☐ Completion ☐ Change in Ownership ☐ Change in Transporter Of: Oil ☐ Gas ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate ☒ Other (Please explain) Effective March 1, 1988

change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
Well Name Lula Well No. 3 Pool Name, Including Formation Buffalo Valley Penn. Kind of Lease XXXXXX Fee Lease No. XXXXXX
Location Unit Letter I; 1650 Feet From The South Line and 990 Feet From The East Line Of Section 7 Township 15S Range 28E, NMPM, Chaves County

DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Permian Corporation Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77002
Name of Authorized Transporter of Casinghead Gas ☐ Dry Gas ☒ Phillips Petroleum Corp. Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762

Well produces oil or liquids, ☐ Unit I Sec. 7 Twp. 15S Rge. 28E Is gas actually connected? Yes When 11-3-78
Well location of tanks

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

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.
Deviations (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

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)
First New Oil Run To Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Total Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF

WELL
Total Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (plot, 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 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 M. Napey
(Signature)
Engineer
(Title)
2-17-88
(Date)

OIL CONSERVATION COMMISSION
APPROVED FEB 24 1988
BY Original Signed By
TITLE Mike Williams
Oil & Gas Inspector
This form is to be filed for 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.