

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

DEC 12 1980

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTESIA OFFICE

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TRANSPORTER	
OIL	
GAS	
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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

☐

Dry Gas

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

800 Barrel Testing Allowable
Effective December 1, 1980If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including formation	Unit of Lease	Lease No.
Gulf West Mesa	1	Undes. Bunker Hill Penrose	XXXXXXX	E-4199
Location				

Unit Letter M : 660 Feet From The South Line and 660 Feet From The WestLine of Section 13 Township 16S Range 31E N.M.P.M. Eddy County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Koch Oil Company	P.O. Box 2256, Wichita, Kansas 67201					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
-	-					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually compressed?	When
	M	13	16S	31E	-	-

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

COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well	Gas Well	New Well	Recompletion	Deepen	Plug Back	Side Track	Int. Flow
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DE, R.L.B., RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth					
Perforations 154 BO from 4050-70' and 646 BO from 3612-32'			Depth to Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

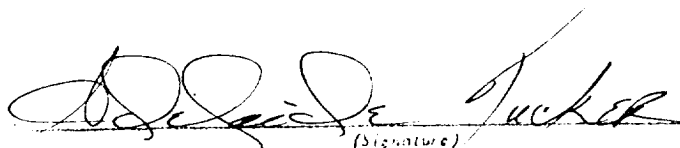
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of fluid oil and must be equal to or exceed top oil
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Interval (Flow, pump, gas lift, etc.)	
Length of Test	Testing 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/MCF	Gravity of Condensate
Testing Method (pilot, back prod.)	Testing Pressure (psia-in)	Casing Pressure (psia-in)	Choke Size

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.

Production Clerk

December 11, 1980

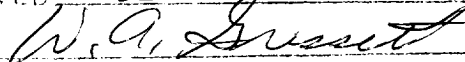
(Date)

OIL CONSERVATION DIVISION

APPROVED

DEC 12 1980

BY



TITLE

SUPERVISOR, DISTRICT 1

This form is to be filed in compliance with RULE 110X.

If this is a request for allowable for a newly drilled or deeper
well, this form must be accompanied by a tabulation of the deviat-
ions taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all
side or new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own-
ership, name or number, or transporter, or other such change of condition.
Separate Form C-104 must be filed for each pool in multi-