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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

CISF
BT
GT
DP

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Read & Stevens, Inc. MAR 2 '90 Well API No. 30-015-21096

Address P.O. Box 1518, Roswell, NM 88202 O. C. D.
ARTESIA, OFFICE

Reason(s) for Filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Operator Casinghead Gas Condensate Re-entry

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Etter Com.</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>S. Carlsbad Strawn</u>	Kind of Lease <u>State; Federal; or Fee</u>	Lease No.
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>W</u> Line Section <u>33</u> Township <u>22S</u> Range <u>27E</u> , <u>NMPM</u> , <u>Eddy</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"/> <u>Permian SCURLOCK PERMIAN CORP EFF 9-1-91</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183, Houston, TX 77002</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Llano, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>921 W. Sanger, Hobbs, NM 88240-4917</u>
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>33</u> Twp. <u>22S</u> Rge. <u>27E</u>	Is gas actually connected? <u>Yes</u> When? <u>1-15-90</u>

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						
Date Spudded <u>10-31-89</u>	Date Compl. Ready to Prod. <u>11-29-89</u>	Total Depth <u>12,200</u>	P.B.T.D. <u>11,650</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3138.2 GL</u>	Name of Producing Formation <u>Strawn</u>	Top Oil/Gas Pay <u>10,486</u>	Tubing Depth <u>10,327</u>					
Perforations <u>10486-10502, 10538-10558</u>			Depth Casing Shoe <u>12198'</u>					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2</u>	<u>13 3/8</u>		<u>378</u>		<u>400</u>			
<u>12 1/2</u>	<u>9 5/8</u>		<u>5550</u>		<u>2950</u>			
<u>8 1/2</u>	<u>liner 7"</u>		<u>5381-12198</u>		<u>1600</u>			

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 <u>775</u>	Length of Test <u>4 hrs</u>	Bbls. Condensate/MMCF <u>trace</u>	Gravity of Condensate <u>56.5</u>
Testing Method (pilot, back pr.) <u>4 pt BP</u>	Tubing Pressure (Shut-in) <u>4000</u>	Casing Pressure (Shut-in) <u>0</u>	Choke Size <u>6/64</u>

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. Title _____
 Date 2-27-90 Telephone No. 505/622-3770

OIL CONSERVATION DIVISION

Date Approved MAR 14 1990
 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.