Lis . S . S RECT	1.10		
วากสเลยที่เรี) Pi		
CANCORE			
FRILE			
U.5.G.S.			
LAND OFFICE			
ESTROSAKRI	OiL		
	GAS		
OPERATOR		,	
PROMATION OF	ICE		

PROGATION OFFICE	-1	OR ALLOWABLE AND		form C-104 Supersedes Old Effective 1-1-6	C-104 and C-110 S
Operator					
Read & Steve	ens, Inc.				
P.O. Box 21	26, Roswell, New Mexi	co 88201			
Reason(s) for filing (Check proper box	·)	Other (Please	· (xpiain)		
New Well	Change in Transporter of: Oil Dry Gas	WELL	NAME CHAN	GE: State	''CF''
Recompletion Change in Ownership	Casinghead Gas Condens	sate 🔝			
Appropriate a grant and the state of the sta					
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND	LEASE	emeth OD	Kind of Lease		Lease No.
Lease Name	Weil No. Pool Name, Including Fo		State, FXXXXX	KWX	OG-856
State "CF"				_	
Unit Letter A ; 6	60 Feet From The North Line	e and660	Feet From The	East	
22	100	33E , NMPI		Lea	County
Line of Section 33					
II. DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	S Address (Give address	to which approved	copy of this form is	to be sent)
Name of Anthorized Transporter of C	Inc.	D O Boy 11.	42 Midlar	nd Texas	79701
None of Authorized Transporter of C	Casinghead Gas X or Dry Gas	Address (Give address P.O. Box 15	to which approved QO Tules	Oklahoma	to be sem,
Warren Petroleum (Corporation	Is gas actually connec	ted? When	ORTALIONA	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fige. A 33 10S 33E		!		
give location of talles.	with that from any other lease or pool,	give commingling ord	er number:		
IV. COMPLETION DATA	Cil Well Gas Well	New Well Workover	Deepen	Plug Back Same R	es'v. Diff. Res'v
Designate Type of Complete	tion – (X)			P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth			
OF DED DT CD	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
Elevations (DF, RKB, RT, GR, etc.	,			Depth Casing Shoe	
Perforations	and the second s				
	TUBING, CASING, AN	D CEMENTING RECO)RD	SACKS C	EMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH	SET	34043 0	
The state of the s					
		after recovery of total v	plume of load oil ar	ed must be equal to	or exceed top allo
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this d	(anth of DE 107 July 44 149	us 3 /		
OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (F	tow, pump, gas		
	Tubing Pressure	Casing Pressure		Choke Size	
Length of Tost	Tubing Press 20			Gga-MCF	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.			
where the regions to bride special excitation, where they are proportionally the special region special region of the special region of the special regions of the special region regi					
CAR WELL		Bbls. Condensate/M	MOF	Gravity of Condens	iat•
GAS WELL.	Length of Teet				
Teating Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (S	art-in)	Choke Size	
Teading Method (pitot, oder pro)			CONCEDIA	TION COMMISS	SION
VI. CERTIFICATE OF COMPLI	ANCE	01	L CONSERVA		
	Conservation	APPROVED_		g. Signed by	, 19
I hereby certify that the rules a Caremiasion have been compli-	and regulations of the Oil Conservation ed with and that the information give to the best of my knowledge and belief	n f. BY] er	ry Sexton	
shove is true and complete to	ed with and that the information give the beat of my knowledge and belief	1	Dis	st 1, Supv.	

Production Clerk

Modern Clerk

May 17, 1977

(Date)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepens 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 silow able on new and recompleted walls.

Fill out only Sections I. II. III, and VI for changes of owne well name or number, or transporter or other such change of condition

RECEIVED

MAY 1 8 1977

CIL CONSERVATION COMM. HOBBS, N. M.