

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

READ & STEVENS, INC.

P.O. BOX 1518, ROSWELL, NM 88201

Reason(s) for filing (Check proper box)

☐ New Well
☐ Completion
☐ Change in Ownership

Change in Transporter of:

Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

EFFECTIVE SEPTEMBER 1, 1980

Change of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name APACHE	Well No. 1	Pool Name, including Formation VADA PENN	Kind of Lease State XXXXXXXXXXXX	Lease No. OG-854
Location Unit Letter P, 660 Feet From The SOUTH Line and 510 Feet From The EAST Line of Section 3 Township 10S Range 33E NE/4 LEA County				

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate ☒ CONOCO, INC. TRANSPORTATION DEPT.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 460, HOBBS, NM 88240
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ WARREN PETROLEUM CORPORATION	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1589, TULSA, OK
Well produces oil or liquids, Location of tanks.	Unit Sec. Twp. Rge. P 3 10S 33E

If 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 ☐ Side track ☐ Diff. Re.	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Conditions (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Formations			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 lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

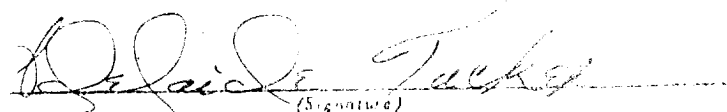
First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Depth of Test	Tubing Pressure	Casing Pressure	Choke Size
Oil Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

WELL

Oil Prod. Test-MCF/D	Length of Test	Bbls. Condensed w/MCF	Gravity of Condensate
Testing Method (pistol, 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 Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)

PRODUCTION CLERK

SEPTEMBER 8, 1980

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

TITLE _____

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

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated test taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

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