

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
PERMIT NUMBER	
LAND OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	

READ & STEVENS, INC.

Address
P.O. Box 1518, Roswell, NM 88201

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Coatinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Shell State	Well No. 1	Pool Name, including Formation North Bagley Penn.	Field of Lease State, XXXXXXXXXX	Lease No. K-3836
Location				
Unit Letter A	660	Feet From The North Line and	510	Feet From The East
Line of Section 18	Township 11S	Range 33E	NEQ24	Lea

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)
Amoco Pipeline Company	3411 Knoxville Ave., Lubbock, TX 79413
Name of Authorized Transporter of Coatinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Corp.	P.O. Box 1589, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks.	Is gas actually transported? When
Unit A	Sec. 18
Twp. 11S	Range 33E
yes	4/1/68

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Shut-In	Unit, Pool
Date Spudded	Date Compl. Ready to Prod.		Total Depth		Production			
Elevations (DF, RLB, RT, GR, etc.)	Name of Producing Formation		Top Oil/ Gas Pay		Tubing Depth			
Perforations				Depth Casing Head				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

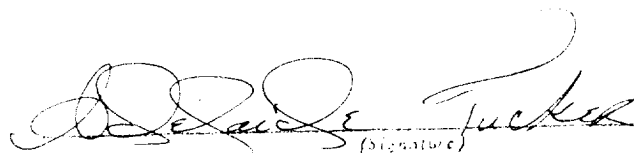
TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of fluid oil and must be equal to or exceed test oil
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Interval (Flow, pump, gas lift, etc.)	
Length of Test	Tubing 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 (Favor, Back, etc.)	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
above is true and complete to the best of my knowledge and belief.

Production Clerk

March 9, 1981

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

Leslie A. Clement
OIL & GAS INSPECTOR

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

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviator
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able or not and re-completed as needed.Fill out only Sections I, II, III, and VI for changes of own-
er, well number, or transporter or other such change of condition.
This form must be filed for each pool in multi-