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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator Read & Stevens	
Address P.O. Box 2126, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE		North Bagley-Pennsylvanian	
Lease Name Shell State	Well No. 4	Pool Name, Including Formation N. Bagley L. Penn	Lease No. K-3836
Location			
Unit Letter F; 1980 Feet From The North Line and 2094.5 Feet From The West			
Line of Section 18 Township 11S Range 33E, NMPM, Lea County			

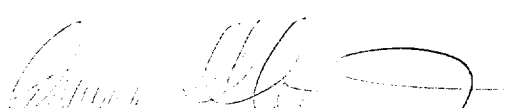
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Service Pipeline Company	3411 Knoxville Ave., Lubbock, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Corp.	P.O. Box 1589, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 18	Twp. 11S	Rge. 33E	Is gas actually connected? Yes	When 11/11/69

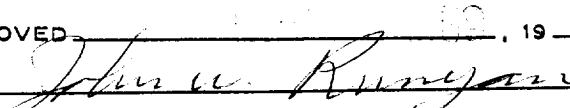
If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 8/7/69	Date Compl. Ready to Prod. 11/11/69	Total Depth 10,400'	P.B.T.D. 10,399'
Elevations (DF, RKB, RT, CR, etc.) 4327.8' RKB	Name of Producing Formation Strawn	Top Oil/Gas Pay 10,104'	Tubing Depth 10,094'
Perforations 10,323', 10,317', 10,312', 10,308', 10,248', 10,244', 10,242', 10,240', 10,237', 10,176', 10,172', 10,169', 10,158', 10,118', & 10,116'		Depth Casing Shoe 10,400' RKB	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	12 3/4"	380' RKB	350
11"	8 5/8"	3770' RKB	300
7 7/8"	5 1/2"	10400' RKB	500
	2 3/8"	10094' RKB	-

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 Tanks 11/11/69	Date of Test 11/11/69	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs.	Tubing Pressure 40#-200#	Casing Pressure Pkr	Choke Size 3/4"
Actual Prod. During Test 290	Oil-Bbls. 180	Water-Bbls. 110	Gas-MCF TSTM

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
	
(Signature)	
Agent	
(Title)	
November 18, 1969	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED _____, 19 _____	
BY 	
TITLE Geologist	
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 deviation tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for allowable on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	
Separate Forms C-104 must be filed for each pool in multiply	