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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)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE				
Lease Name Shell-State	Well No. 4	Pool Name, including Formation N. Bagley L. Penn	Kind of Lease State, XXXXXXX	Lease No. K-3836
Location Unit Letter <u>F</u> , 1980 Feet From The <u>North</u> Line and <u>2094.5</u> Feet From The <u>West</u> Line of Section <u>18</u> Township <u>11S</u> Range <u>33E</u> , NMPM, <u>Lea</u> 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)			
Admiral Crude Oil Corp.	P.O. Box 1713, Midland, Texas 79701			
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?		When	
	Yes		11/11/69	

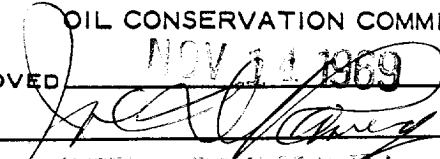
If this production is commingled with that from any other lease or pool, give commingling order number: _____

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, GR, 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 hr.	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 12, 1969	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED  NOV 14 1969, 19	
BY	
TITLE SUPERVISOR DISTRICT	
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 well name or number, or transporter, or other.	
Separate Forms C-104 must be	