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LAND OFFICE				
TRANSPORTER	OIL	l		
	GAS			
OPERATOR				
PRORATION OFFICE				

Production Clerk

January 27, 1971

(Title)

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANIAFE	REQUEST	FOR ALLOWABLE		eaes Via C-104 and C-11	
FILE U.S.G.S.	AUTHORIZATION TO TRA	AND ANDREOU AND A	ATLIDAL CAS		
LAND OFFICE	AUTHORIZATION TO TRA	MASFORT OIL AND IN	ATURAL GAS		
TRANSPORTED OIL	7				
TRANSPORTER GAS					
OPERATOR					
PRORATION OFFICE					
Operator					
Read & Stevens, Inc	•			· · · · · · · · · · · · · · · · · · ·	
Address					
	swell, New Mexico 8820	Other (Please	-unlain)		
Reason(s) for filing (Check proper box	Change in Transporter of:	Other (Freuse	explain		
New We!l	Oil Dry Go	,			
Recompletion Change in Ownership X	Casinghead Gas Conder	一 声 Effe	ctive January 1, 1	971	
Change in Owneroning					
change of ownership give name	Charles B. Read, P.O.	Box 2126 Ro	ewell Now Morrie	00201	
nd address of previous owner	Charles D. Read, 1.0	DUX EIEU, INU	swen, new mexic	J002UL	
DESCRIPTION OF WELL AND	LEASE				
Lease Name	Weil No. Pool Name, Including F	ormation	Kind of Lease	Lease No.	
State "E"	1 North Bagle	v Penn	State, XXXXXXXXXXXX	PG-6008	
ocation		, 			
Unit Letter / N ; 6	60 Feet From The South Lir	ne and 2093	Feet From TheWe	est	
Unit Letter IV ; U	OU POOL FROM THE DOCUMENT DA				
Line of Section 7	ownship 115 Range	33E , NMPM	Lea	County	
ESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	AS			
Name of Authorized Transporter of O	il 🗶 or Condensate 🗌	Address (Give address	o which approved copy of this		
Tex-New Mex Pipe	Line		0, Midland, Texa		
Name of Authorized Transporter of Co		Address (Give address	o which approved copy of this	form is to be sent)	
Warren Petroleum (Corp.	P.O. Box 158	9, Tulsa, Oklaho	ma 74102_	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connect	ed? When		
give location of tanks.	N		<u> </u>		
table we describe a committed to	rith that from any other lease or pool,	give commingling orde	number:		
COMPLETION DATA	Tith that from any other rease or poor,	Brva commissing state			
	Oil Well Gas Well	New Well Workover	Deepen Plug Back	Same Restv. Diff. Rest	
Designate Type of Complet	ion – (A)		1 1		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
			Depth Casing	Shoe	
Perforations			Deptil Custing	31100	
	THE CASING AND	D CENENTING BECOL	<u> </u>		
		D CEMENTING RECOF	1	CKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTHS	570	JN3 CEMENT	
				. <u></u>	
		<u> </u>			
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total vol: lepth or be for full 24 hour	ime of load oil and must be equ	ual to or exceed top allo	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo			
Date First New Oil Hun 16 I dates	Date of 1000				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Length of Teet					
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas-MCF		
Actual Flod. During 1991	3 22				
		<u> </u>			
CAS WELT					
Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/MMC	F Gravity of Co	ondensate	
notati i i on i on i moi / D					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	-in) Choke Size		
Tourtis Martiner (Sames nece Such					
	NGD	1 011	CONSERVATION COM	MISSION	
CERTIFICATE OF COMPLIA	NCE	tl		(MICCITY)	
			EB 4 1971	, 19	
I hereby certify that the rules an	d regulations of the Oil Conservation		X la	,	
Commission have been complied above is true and complete to	i with and that the information giver the best of my knowledge and belief	BY	/////		
•	- -	SUF	ERVISOR DISTRIC		
	/	TITLE			
	1	This form is	o be filed in compliance w	ith RULE 1104.	
Ne Contractor	Jacker	ll	for allementic for a me	wiv drilled or deepen	
(Signature)			well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
, -		II THETH TREET ON INC	., was all merelmenter viete /		

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 completed wells.

FED C1971
OIL COMMANDE COMMAND