ſ	NO. OF COMINE HECEIVED										
	SANVA FE		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110 Etfoctive 1-1-65							
	U.S.G.S.	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURA	L GAS							
	TRANSPORTER OIL GAS										
1.	OPERATOR PROBATION OFFICE										
	Read & Stevens, Inc.										
	P. O. Box 2126, Roswel Reason(s) for filing (Check proper box)	l, New Mexico 88201	Other (Please explain)								
	New Well X Recompletion	s									
	Change in Ownership C-astnghead Gas Condensate										
	If change of ownership give name and address of previous owner										
n.	DESCRIPTION OF WELL AND I	Well No. Pool Name, including F									
	Sheridan "Com"	1 Vada F	Penn XXXX	XXXX Fee -							
	Unit Latter D : 554	Feet From The North Lin	e and <u>554</u> Feet F	rom The West							
	Line of Section 19 Tow	mship 95 Range	34E , NMPM,	Lea County							
III.	DESIGNATION OF TRANSPORT	Ser OF OIL AND NATURAL GA Image: Series of Condensate	Address (Give address to which a	pproved copy of this form is to be sent)							
	Mobil Pipe Line Co.		P.O. Box 900, Dall Address (Give address to which a	as, Texas 75221 (pproved copy of this form is to be sent)							
	Warren Petroleum Cor	p.	P.O. Box 1589, Tul	sa, Oklahoma 74102							
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Fige. D 19 9S 34E	No	9/15/72							
ſ¥.	If this production is commingled wit COMPLETION DATA		give commingling order number:								
	Designate Type of Completio	n = (X)	X	P.B.T.D.							
	Date Spudded 7/11/72	Date Compl. Ready to Prod. 8/23/72	Total Depth 9715'	9715'							
	Elevations (DF, RKB, RT, CR, etc.) 4320.5' RKB	Name of Producing Formation Bough "C"	Top Oli/Gas Pay 9660'	Tuking Depth 9673.88' RKB							
	Perforations 9661-96781	<u>.</u>		Depth Casing Shoe 9715'							
			D CEMENTING RECORD	SACKS CEMENT							
	HOLE SIZE	CASING & TUBING SIZE	349'	375							
	11!	8 5/8"	3945'	300							
	7 7/8"	5 1/2"	9715'	500							
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a able for this di	epth or be for full 24 hours)	d oil and must be equal to or exceed top allow-							
	OIL WELL Date First New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Pumping - Hydraulic								
	8/23/72	8/23/72 Tubing Pressure	Casing Pressure	Choke Size							
	Longth of Tool: 24 hours.	0#	Pkr.	Open 2"							
	Actual Prod. During Test	Cil-Bbla.	Water-Bbls.	Gas-MCF							
	737	421	316	TSTM							
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate							
	Actual Prod. Test-MCF/D	Langth of Test -	- Casing Pressure (Shut-in)	Choke Siza							
	Testing Muthod (pitot, back pr.)	Tubing Pressure (Shut-in)	_	-							
¥I.	CERTIFICATE OF COMPLIAN	CE	CIL CONSERVATION COMMISSION								
	I hereby certify that the rules and r Commission have been complied o										
	Sommission have been complied a above is true and complete to the	; best of my knowledge and beller.	SUPERVISOR DISTRICT I								
	C KIL		This form is to be file	d in compliance with RULE 1104.							
	Alline Pitch		If this is a request for allowable for a newly drilled or deepened to the form must be accompanied by a tabulation of the deviation								
	(Sign	ature) (well, this form indet be generated with RULE 111. tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-								
	(T;	;le) 72	able on new and recompleted were.								
	August 28, 19	a:e)	Fill out only Sections 1, 11, 12, other such change of condition. well name or number, or transporter, or other such change of condition.								

	••••	•											
			only	Sections	T.	II.	III.	and	VI.	for	changes	0(owner,
	F 111	our	0	Jecusii.	•,			~***		ch c	benne of	0	adition.
well	nam	e or	numb	er, or tran	∎p	orce	r, ur	other	• •		mange of		