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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

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

Operator
Read & Stevens, Inc.
Address
P.O. Box 1518, Roswell, NM 88201

Reason(s) for filling (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter Of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Approval to flare casinghead gas from
this well must be obtained from the
BUREAU OF LAND MANAGEMENT (BLM)

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Tenneco Federal	Well No. 1	Pool Name, including Formation Todd Lower San Andres Assoc	Kind of Lease State Federal, State Range	Lease No. NM-3259
Location Unit Letter <u>G</u> ; <u>2180</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Of Section <u>29</u> Township <u>7S</u> Range <u>36E</u> , <u>NMPM</u> , <u>Roosevelt</u> County				

II. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corp.	Address (Give address to which approved copy of this is to be sent) P.O. Box 1183, Houston, TX 77002
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this is to be sent)

If well produces oil or liquids, give location of tanks	Unit G	Sec. 29	Twp. 7S	Rge. 36E	Is gas actually connected?	When
If this production is commingled with that from any other lease or pool, give commingling order number:						

III. COMPLETION DATA

Designate Type of Completion-(X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff. Res'
Date Spudded 6-30-88	Date Compl. Ready to Prod 10-13-88	Total Depth 4450'	P.B.T.D. 4406'					
Elevations (DF, RKB, RT, GR, etc) 4142' GL	Name of Prod. Formation San Andres	Top Oil/Gas Pay 4274'	Tubing Depth 4341'					
Perforations 4326'-4318', 4311'-4303', 4298'-4285', 4281'-4274'			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8"	DEPTH, SET 2000'	SACKS CEMENT 770 sx lite & 200 sx CL "C"
7 7/8	5 1/2	4448'	650 sx lite & 200 sx CL "H"

IV. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load 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: 8-15-88	Date of Test 10-2-88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 29	Water-Bbls. 70	Gas-MCF Trace

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

Sandra Cook
(Signature)

Production Clerk

(Title)

10-17-88

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 ____

BY _____
TITLE _____

DISTRICT I SUPERVISOR

This form is to be filed in compliance with Rule 1104.
If this is a request for allowable for a newly drilled well
this form must be accompanied by a tabulation of the deviat
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.