ì	HO. OF IOHIET SECTIONS						
	OF BURNING						
	5 .N(A FZ						
	FILE						
į	U.S.G.S.						
	LAND OFFICE						
	IFIANSPORTER	OIL	<u> </u>				
		GAS					
	OPERATOR						
	PRORATION OFFICE						
	Operator						
	Read & Stevens, Inc						
	Address						
	P.O. Box 2126, Roswo						
	Reason(s) for filing (Check proper box)						
	New Well						
	Recompletion						
	Change in Ownership						

	FILE U.S.G.S. LAND OFFICE OIL	REQUEST	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
ā.	PROPATION OFFICE Operator							
	Read & Stevens, In	C .						
	P.O. Box 2126, Roswell, New Mexico 88201							
	Reason(s) for filing (Check proper bos	Change in Transporter of:	Other (Please explain)					
	Recompletion Change in Ownership	OII Dry G	Sas X ensate					
	If change of ownership give name and address of previous owner							
11.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including I	Formation Kind of Lev	JSA				
	Winton Gas "Com"	1 Undesign		Lease No. eral X X 2ex X NM - 05 4926				
	Unit Letter F : 198	80 Feet From The <u>North</u> Li	ine and <u>1980</u> Feet From	n The West				
	Line of Section 20 To	waship 125 Range	31E , NMPM,	Chaves County				
11.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA						
	Navajo Crude Oil Pt		P.O. Box 175, Art	roved copy of this form is to be sent) esia, NM 88210				
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas X	Address (Give address to which approved copy of this form is to be sent)					
	TUCO, Inc. if well produces oil or liquids,	Unit Sec. Twp. Rge.		/hen				
	give location of tanks. If this production is commingled wi	F = 20 + 12S + 31. th that from any other lease or pool,		7/22/77				
V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.				
	Designate Type of Completic		Total Depth	P.B.T.D.				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	Perforations			Depth Casing Shoe				
		TUBING, CASING, AN	D CEMENTING RECORD	SACKS CEMENT				
	HOLE SIZE	CASING & TUBING SIZE	DET IN SET	JACKS CLIPERT				
٧.	TEST DATA AND REQUEST FOIL WELL	able for this de	fter recovery of total volume of load oil and must be equal to or exceed top allowersh or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	ujt, ecc.j				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Actual Prod. During Test	Oil-Bbla.	Water-Bble.	Gaa - MCF				
	GAS WELL							
	Actual Prod. Tast-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	Training Method (pitot, back pr.)	Tubing Presews (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
	CERTIFICATE OF COMPLIAN		OIL CONTIN	Orlg. Signed by				
	I hereby certify that the rules and the Commission have been complied to	ith and that the information given	7 (5)					
	above is the and complete to the	e cast of my knowledge and belief.	TITLE Dist l. Supv.					
		1,	This form is to be filed in	compliance with RULE 1104.				
6	Delacide 18 400	ucked		If this is a request for allowable for a newly drilled or despensed well, this form must be accompanied by a tabulation of the deviation				
	Production Clerk	Ta I	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-					
	July 26, 1977		able on new and recompleted w	II. III. and VI for changes of owner,				
	(Da	te)	well name or number, or transporter, or other such change of condition.					

RECEIVED

JUL 28 1977

O. C. C. ARTESIA, OFFICE JUL 2 - 977

CIL CONSERVATION COLUMN. HOBBS, N. M.