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U.S.G.S.		
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

I. Operator
Read & Stevens, Inc.
Address
P.O. Box 2126, Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Winton Gas "Com"	Well No. 1	Pool Name, Including Formation Undesignated	Kind of Lease State, Federal XXXX	Lease No. NM-054926
Location Unit Letter <u>F</u> ; <u>1980</u> Feet From The <u>north</u> Line and <u>1980</u> Feet From The <u>west</u> Line of Section <u>20</u> Township <u>12S</u> Range <u>31E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Crude Oil Purchasing Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 175, Artesia, New Mexico 88210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Chala Cryogenics	Address (Give address to which approved copy of this form is to be sent) P.O. Box 6697, Roswell, New Mexico 88201					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 20	Twp. 12S	Rge. 31E	Is gas actually connected? no	When October 15, 1975

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 3/19/74	Date Compl. Ready to Prod. 7/2/74		Total Depth 2620' RKB		P.B.T.D. 2596' RKB			
Elevations (DF, RKB, RT, GR, etc.) 4093.9' GR; 4103.4' RKB	Name of Producing Formation Queen		Top Oil/Gas Pay 2562'		Tubing Depth 2530'			
Perforations 2562-80'					Depth Casing Shoe 325'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		325'		200			
7 7/8"	4 1/2"		2620'		200			
	2 3/8"		2530'					

V. 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)

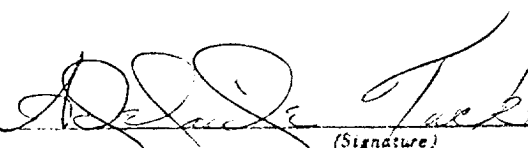
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
-	-	-	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
-	-	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
-	-	-	-

GAS WELL

Actual Prod. Test-MCF/D 1972	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (pitot, back pr.) back packer	Tubing Pressure (Shut-in) 1100#	Casing Pressure (Shut-in) Pkr.	Choke Size 1/2"

VI. 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)
Production Clerk
(Title)
October 9, 1975
(Date)

OIL CONSERVATION COMMISSION
APPROVED AUG 5 1977
BY Jerry L. [Signature]
SUPERVISOR DISTRICT 1
TITLE _____

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 changes of owner, well name or number, or transporter, or other such change of condition.