

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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

Operator Read & Stevens, Inc.	
Address P.O. Box 2126, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 12/11/74 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Siete State	Well No. 1	Pool Name, Including Formation Siete San Andres	Kind of Lease State, XXXXXXX	Lease No. L-4488
Location Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>16</u> Township <u>8 South</u> Range <u>31 East</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 175, Artesia, NM 88210	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent) None	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 16
	Twp. 8S	Rge. 31E
	Is gas actually connected? When No - TSTM -	

If this production is commingled with that from any other lease or pool, give commingling order number: None

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8/8/74	Date Compl. Ready to Prod. 10/22/74		Total Depth 4035' RKB		P.B.T.D. 3837' RKB			
Elevations (DF, FKB, RT, CR, etc.) 4218' GR; 4230' RKB	Name of Producing Formation San Andres		Top Oil/Gas Pay 3720' RKB		Tubing Depth 3829' RKB			
Perforations 3720-24'; 3732-34'; 3738-40'; 3745-47'; 3762-64'; 3814-18' w/2 shots/ft.; total of 32 holes					Depth Casing Shoe 3889' RKB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		370' RKB		275 sx.			
7 7/8"	4 1/2"		3889' RKB		350 sx.			
-	2 3/8"		3829' RKB		-			

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 10/21/74	Date of Test 10/22/74	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 0#	Casing Pressure Pkr.	Choke Size Open 2"
Actual Prod. During Test 52 Bbls.	Oil-Bbls. 52 Bbls.	Water-Bbls. None	Gcs-MCF TSTM

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 -

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.

John L. Anderson Jr.
(Signature)
Agent
(Title)
October 28, 1974
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY John L. Anderson Jr.
TITLE SUPERVISOR DISTRICT I
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.

INCLINATION REPORT

OPERATOR Read & Stevens, Inc. ADDRESS P.O. Box 2126, Roswell, N.M. 88201
 LEASE Siete State WELL NO. 1 FIELD
 LOCATION 660' FSL & 660' FWL, Section 16, T-8S, R-31E, Chaves County, N.M.

Depth	Angle (Inclination 'degrees)	Displacement	Displacement Accumulated
370	1/4	1.6280	1.6280
870	1/4	2.2000	3.8280
1550	1/2	5.9160	9.7440
1850	3/4	3.9300	13.6740
1931	3/4	1.0611	14.7351
2431	1	8.7500	23.4851
2725	1/2	2.5578	26.0429
3018	3/4	3.8383	29.8812
3427	1	7.1575	37.0387
3638	3/4	2.7641	39.8028
3778	1	2.4500	42.2528
3958	1	3.1500	45.4028
4035	3/4	1.0087	46.4115

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

Cactus Drilling Company

By: Ken Hedrick
 Title: Drilling Superintendent

Affidavit:

Before me, the undersigned authority, appeared Ken Hedrick known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Ken Hedrick
 (Affiant's Signature)

Sworn and subscribed to in my presence on this the 21st day of August
19 74

Jerry L. Duprick
 Notary Public in and for the County
 of Lea, State of New Mexico
MY COMMISSION EXPIRES 3-1-76

Seal

