	OIL CONSEI	RVATION DI	VISION		Revised 10-1-7	
DISTRIBUTION BANTA FE		D. BOX 2088				
PILE	SANIA FE,	NEW MEXICO	87501			
U.S.G.S.	-					
LAND OFFICE	REQUEST	T FOR ALLOWABL	F			
TRANSPORTER OAS	AND					
PROBATION OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AN	D NATURAL GA	S		
Operator						
READ & STE	VENS, INC.					
P.O. BOX 1	518, ROSWELL, NM 88201					
Reason(s) for filing (Check pi New Well	oper box)	and the second sec	r (Please explain)			
Recompletion	Change in Transporter of: Cil	Ch	ange well	name from	#1 North	
Change in Ownership		ondensate	um Unit to	#1 North	Baum.	
If change of ownership give and address of previous own	name her					
DESCRIPTION OF WELL						
Lease Name Well No. Poci Name, Includ NORTH BAUM 1 BAUM UPF				Lea		
Location				ARA AXAX	LN-348	
Unit Letter I :	1980 Feet From The SOUTH	Line and <u>66</u>	50 Feet Fr	om The <u>EAS</u>	<u>r</u>	
Line of Section 24	Township 13S Hange	32E	, N мРм ,	LEA		
ESIGNATION OF TRAN					· C	
Name of Authorized Transports	SPORTER OF OIL AND NATURAL	GAS Address (Give a	ddress to which an	around any stat	is form is so be sens	
Lach le	il Co.		outer to unick ap	proved copy of the	is form is to be sent	
ame of Authorized Transporte	r of Casinghead Gas or Dry Gas	Address (Give a	ddress to which app	proved copy of the	s form is so be sent	
Marrent	et Orp.					
t well produces oil or liquids, ive location of tanks.	Unit Set. Twp. Rge.	la gas actually c	connected ?	When		
this production is comming	ied with that from any other lease or poo					
OMPLETION DATA		ol, give comminglin	g order number:			
Designate Type of Com	pletion - (X)	New Well Wor	kover Deepen	Plug Back	Same Restv. 1 Diff.	
ate Spudded	Date Compl. Ready to Prod.	· · · · · · · · · · · · · · · · · · ·	i		- 1	
		Total Depth		P.B.T.D.		
evations (DF, RKB, RT, GR,	etc., Name of Producing Formation	Top OLI/Gas Par		Tubles Death		
				. wing Depth	Tubing Depth	
rforations	Depth Casing Shoe			Shoe		
	THEING CALING					
HOLE SIZE	TUBING, CASING, AI CASING & TUBING SIZE		ECORD			
			11321	SAC	KS CEMENT	
ST DATA AND REQUES	T FOR ALLOWABLE (Test must be					
LWELL	able for this a	after recovery of total lepth or be for full 24	noure)		al to or exceed top a	
• First New Oil Run To Tanki	Date of Test	Producing Method	(Flow, pump, gas l	ift, stc.)		
ngth of Test	Tubing Pressure	Casing Pressure	· · · · · · · · · · · · · · · · · · ·	Choke Size		
ual Prod. During Test	Oli - Bble.	- Weise Date				
-		Water - Bbis.		Gas - MCF		
C 11/177 F		~		1	<u></u>	
S WELL Jai Prod. Test-MCF/D	Length of Test	Phile Charles				
		Bbis. Condensate/1	MMCF	Gravity of Con	densete	
ling Method (pitol, back pr.)	Tubing Processo (Shut-1A)	Casing Pressure (1	but-is)	Choke Size		
TIFICATE OF COMPLI	ANCE	OIL	CONSERVAT	ION DIVISIO	N	
aby castify that the sules a			ΜΔΥ 5	1002		
ING DEVE DEEN COMPLIES 9	nd regulations of the Oil Conservation with and that the information given	APPROVED	IGINAL SIGNED	-IJOJ	, 1 9	
and complete to	the best of my knowledge and belief.	BY	DISTRICT I S	UPERVISOR		
		TITLE				
Sure Du		to be filed in c				
Judel Ku	XULA &	If this is a r	equest for allows	able for a newly	drilled or domo-	
	gnature)	well, this form m tests taken on th	ust be accompan	ied by a tabula	tion of the device	
Engineering /	Tule)				E 111. completely for allo	
May 2, 1983	~	able on new and	recompleted wel	.16.		
	(Dale)	Fill out only well name or num	V Sections I, II. ber, or transporte	III, and VI for r, or other such	changes of own Change of condition	
		Separate Fo			ch pool in multip	
	1;	completed wells.				