STATE OF NEW MEXICO
GY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Correction

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
READ & STEVENS, INC.

Address
P.O. Box 1518, Roswell, NM 88201

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
Other (Please explain)

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
North Baum Unit	1	Baum Upper Penn	State, ~~xxxxxxxxx~~	LM-3487

Location
Unit Letter I 1980 Feet From The South Line and 660 Feet From The East

Line of Section 24 Township 13S Range 32E NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Koch Oil Company

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 2256, Wichita, KS 67201

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
Warren Petroleum Corp.

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1589, Tulsa, OK 74103

Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	24	13S	32E	no	-

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

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					

Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2/18/81	6-1-81	10050'	9922'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
4298' GR	Penn	9752'	9828'

Perforations
9752-68' 2 shots/ft.

Depth Casing Shoe
10050'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	425'	425
11" & 12 1/4"	8 5/8"	4000'	1500
7 7/8"	5 1/2"	10050'	500

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
5/6/81	5/29/81	Pumping

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	-	-	-

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	56	25	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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division 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)

OIL CONSERVATION DIVISION

APPROVED JUN 25 1981, 19

BY Orig. Signed By
Jerry Sexton

TITLE Dist. I, Supv.

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 only Sections I, II, III, and VI for changes of owner, well name or number, transporter, or other such change of condition.