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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
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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-105
Effective 1-1-65

Operator Read & Stevens, Inc.
Address P.O. Box 1518, Hornell, NY 13327 88201
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name
and address of previous owner _____

1. DESCRIPTION OF WELL AND LEASE

Lease Name <u>North Baum</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Baum Upper Perm</u>	Kind of Lease State, Federal or Fee	Lease No. <u>LG-348</u>
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>24</u> Township <u>13S</u> Range <u>32E</u> NMPM, <u>24</u> County				

1. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Hoch Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2256, Wichita, KS 67202</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Pipeline</u>	Address (Give address to which approved copy of this form is to be sent) _____					
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>14</u>	Twp. <u>13S</u>	Rge. <u>32E</u>	Is gas actually connected? <u>Yes</u>	When <u>5/4/83</u>

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 <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 <u>3/11/83</u>	Date Compl. Ready to Prod. <u>4/29/83</u>		Total Depth <u>10,050'</u>		P.B.T.D. <u>9820'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>4298' GL</u>	Name of Producing Formation <u>Group "B" & "C"</u>		Top Oil/Gas Pay <u>9650'</u>		Tubing Depth <u>9821'</u>			
Perforations <u>9650-56'; 9688-92'; 9660-75'; 9678-84'; 9667-91'</u>					Depth Casing Shoe <u>10,050'</u>			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/2"</u>	<u>13 3/8"</u>	<u>415'</u>	<u>425 SX.</u>
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>4010'</u>	<u>1650 SX.</u>
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>10050'</u>	<u>1050 SX.</u>
	<u>2 3/8"</u>	<u>9821'</u>	

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 <u>4/14/83</u>	Date of Test <u>4/28/83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pumping</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls. <u>290</u>	Water - Bbls. <u>0</u>	Gas - MCF <u>500</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Read & Stevens, Inc.
(Signature)
Production Manager
(Title)
May 3, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 9 1983, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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 deviated 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 conditions.

Separate Forms C-104 must be filed for each pool in multiple

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MAY 9, 1983

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