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TRANSPORTER	OIL						
	GAS						
OPERATOR							
DOOD ATTOM OFFT	Т-	7					

(Title)

January 24, 1986

NEW MEXICO 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

PRORATION OFFICE	1							
Operator: Read & Stevens,	Inc.						*	
Address: P.O. Box 1518.	Roswell. NM 88201							
Reason(s) for filing (Check A Recompletion Change in Ownership	UПI	1777 1)rv (Gas 🗀 T	Al lo	wable of	explain)	January 1986	for 50 BOPD
If change of ownership give named address of previous owner	Casinghead Gas ame	_ Conde	ersate	Perf	s 9/60'-	glie, Per	msylvanian	
			<u> </u>			····		
I. DESCRIPTION OF WELL AND LEA Lease Name We	ASE 11 No. Pool Name,	Including	Format ion		Kim	of Lease		Lease No.
NORTH BAUM Location	•	ignated Bai				State		LG-3487
Unit Letter D ;		m The No				Feet Fram		
Line Of Section 24	Township	135	Range	32E ,N	MPM,	<u>l</u>	_ea Coui	nty
II. DESCRIPTION OF TRANSPORTED Name of Authorized Transported			Add	dress(Give	address	to which	approved con-	y of this form
Koch Service	o. o. o <u>1.2.1</u>	or der bude		is t	o be ser	nt)	•	y or chira torm
Name of Authorized Transporte	er of Casinghead G	as X Dry	Gas Add	dress(Give	address	hita, Kans to which	approved cop	y of this form
Warren Petroleum Company			<u>- I</u>	is t Tulsa, Okl	o be ser	TC)		,
If well produces oil or liqu			Rge. Is	gas actua	lly conr	ected?	When	
give location of tanks If this production is comming	D 2	24 13S	32E	N loce	b - WOPL	.C	60 days	<u></u>
III. COMPLETION DATA		any other	rease or p	ooi, give	Comming	iring order	numer:	
Designate Type of Complet	X		X		Deepen		Same Res'v	Diff. Res'v
Date Spudded 10-16-85	Date Compl.Ready 1-6-86	to Prod	Total Dept	th 9840'		P.R.T.D.	9704'	**
Elevations(DF,RKB,RT,GR,etc) 4307' GL		í	Top 0il/G	as Pay	 1760'	Tubing De		
Perforations	1 CHBy TVAIT	1011			700	Depth Cas	sing Shoe	
9760'-9772'	TIRT	NG, CASING	AND CEME	VITTNG DECC	IDN	<u></u>	9840)'
HOLE SIZE	CASING & TUBIN		DEPTI		**************************************	SACKS	CEMENT	
12 1/0 7 1/2"	13 3/8" 8 5/8"			400		45057	Class "C"	
7 7/8	5 1/2"			1003 9856,16		5255X F	LC & 200sx C LC & 525sx C	lass "C"
2 7/8"	† -			9701				
IV. TEST DATA AND REQUEST FOR DIL WELL	ALLOWABLE (Test m exceed	ust be afte top allow	er recover able for th	y of total nis depth	volume or be fo	of load ar or full 24	nd must he equi hours)	ual to or
Date First New Oil Run To Tanks: 11-30-85	Date of Test 1-5-86		Producing	Method(Fl umping - 2	ow, pump	o, gas lift	etc.)	
Length of Test 24hrs	Tubing Pressure		Casing Pressure		Choke Siz	'e _		
Actual Prod. During Test	Oil-Bbls.		Water-Bbl:			Gas-MCF		
	53	1		59			85	
GAS WELL	1					 		
Actual Prod. Test-MCF/D	Length of Test		Bbls. Com				of Condensate	
Testing Method(pitot,back pr	Tubing Pressure	(Shut-In)	Casing Pr	·	,	Choke St		
CERTIFICATE OF COMPLIANCE			ADDOONE	OIL CC	INSERVATI	ON COMMIS	OC	10
I hereby certify that the rule oil Conservation Commission has			APPROVE BY	' 				, 19
that the information given a	ion given above is true and complete							
to the best of my knowledge	and helief.							
D- Alwards	If this is a request for allowable for a newly drilled well this form must be accompanied by a tabulation of the deviation					the deviation		
(Signature)	(Signature) tests taken on the well in accordance with Rule 111. All sections of this form must be filled out completely							
Drilling & Droduc	tion Manager		1			m must be recompleted		unpietely
Drilling & Produc (Title)	CION Manager						and VI for ch	anges of

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

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