

DISTRIBUTION			
SALE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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

Operator

Read & Stevens, Inc.

Address

P.O. Box 1518, Roswell, NM 88201

Reason(s) for filing (Check proper box)

New Well ☒ Change In Transporter Of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Corbin State	1	S. Corbin Wolfcamp	State, <del>XXXXXX</del>	V-638
Location				
Unit Letter	N	522 Feet From The	South	Line and 2160 Feet From The
Line Of Section	21	Township	18S	Range 33E, NMPM, County Lea

II. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this to is to be sent)					
Permian Corp.	P.O. Box 1183, Houston, TX 77002					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this to is to be sent)					
Phillips 66 Natural Gas Co.	Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	21	18S	33E	Yes	6-10-88

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

III. COMPLETION DATA

Designate Type of Completion-(X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff. Res'v
	X							
Date Spudded	Date Compl. Ready to Prod	Total Depth	P.B.T.D.					
10-29-87	5-19-88	12555'	12,500'					
Elevations (DF, RKB, RT, GR, etc)	Name of Prod. Formation	Top Oil/Gas Pay	Tubing Depth					
3810 GL	Wolfcamp	10382	12,220'					
Perforations	Depth Casing Shoe							
11160-11210								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	410'	480 SX
12 1/2	8 5/8	2985'	1350 SX
7 7/8	5 1/2	12540	1st stg 1190 SX 2nd stg 2000 SX

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load and must be equal to or  
exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Back 7-88	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	5-17-88	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	950	pkc	20/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	557	0	467

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 Commission have been complied with and  
that the information given above is true and complete  
to the best of my knowledge and belief.

John M. Miley  
(Signature)

Petroleum Engineer  
(Title)

6-30-88

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT ENGINEER

This form is to be filed in compliance with Rule 1104.  
If this is a request for allowable for a newly drilled 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.  
Separate Forms C-104 must be filed for each pool in  
multiplicity.