					I
NO. OF COPIES RECEIVED					
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104			Old C-104 and C-110	
SANTA FE	REQUEST F	OR ALLOWABLE		Superseaes Effective 1-	
FILE		AND			
U.S.G.S.	AUTHORIZATION TO TRAN	USPORT OIL AND I	NATURAL G	AS	
LAND OFFICE					
OIL					
TRANSPORTER GAS					
OPERATOR					
I. PRORATION OFFICE					
Cperator	IDDIC IDIC				
READ & STEV	ENS, INC.		 -		
Address	/ D 11 N M	. 00201	4		
	6, Roswell, New Mexico	0 00201			
Reason(s) for filing (Check proper box)		Other (Please	explain)		
New Well	Change in Transporter of:				5 1050
Recompletion	Oil X Dry Gas	Effectiv	re 7:00 A.	M. Februar	y /, 1972
Change in Ownership	Casinghead Gas Condens	sate			
Change in Ownership		<u> </u>			
If change of ownership give name and address of previous owner		· · · · · · · · · · · · · · · · · · ·			
TO THE TAKE THE TAKE T	EACE				
II. DESCRIPTION OF WELL AND I	. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation				Lease No.
			Cara a Produced and		OG-4769
Atlantic Richfield	1 Quail Que	en			
Location		- 4 -		***	
Unit Letter 'L . 231	O Feet From The South Line	and 330	Feet From T	he West	
Omit Detter					
Line of Section 13 Tow	nship 19S Range 3	$34\mathrm{E}$, NMPM	1,	Lea	County
Elite of edeticit.					
II. DESIGNATION OF TRANSPORT	FR OF OIL AND NATURAL GAS	S			
Name of Authorized Transporter of Oil	x or Condensate	Address (Give address	to which approv	ed copy of this form	is to be sent)
i	· · · · · · · · · · · · · · · · · · ·	P O Box 114	2 Midla	nd. Texas 7	9701
Western Crude Oil, In	inghead Gas X or Dry Gas	P.O. Box 114 Address (Give address	to which approv	ed copy of this form	is to be sent)
Name of Authorized Transporter of Cas					
Warren Petroleum C	orporation	P.O. Box 1589	, luisa,	Okianoma	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connect	ear whe	11	
give location of tanks.	L 13 19S 34E				
	h that from any other lease or pool,	give commingling orde	r number:		
V. COMPLETION DATA	in that in our day				
	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same	Res'v. Diff. Res'v.
Designate Type of Completion	n = (X)	i	i	1	1
	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
Date Spudded					
		Top Oil/Gas Pay		Tubing Depth	···
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	100 011/045 14/			
			 	Depth Casing Shoe	
Perforations				Deptil Odding one	
	TUBING, CASING, AND	CEMENTING RECO	RD		
HOLE SIZE	CASING & TUBING SIZE	DEPTHS		SACKS	EMENT
HOLE 3,22					
				+	
		L		<u> </u>	
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be af	fter recovery of total vol	ume of load oil	and must be equal to	or exceed top allow
OIL WELL	aute joi this ac	pth or be for full 24 hour		(t. ata.)	<u> </u>
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	w, pump, gas lij	i, Eic./	
				· · · · · · · · · · · · · · · · · · ·	<u> </u>
Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water-Bbls.		Gas-MCF	
Actual Prod, During 1681					
				<u></u>	
GAS WELL		1-11 - 1		Complete of Conde	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	-r	Gravity of Conden	["."
				<u> </u>	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size	
togrand marion (burst) and busy					
			CONSERVA	TION COMMIS	NON
VI. CERTIFICATE OF COMPLIAN	CE				1.014
			FFB	1 6 1972	L . 19
I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED			
a	with and that the information given	BY		ig. Signed by	
above is true and complete to the	e best of my knowledge and belief.	BY		es Clements	
	,	TITLE	O	1 & Gas Insp.	

(Signature)

(Title)

1972

Production Clerk

February 7, 19

This form is to be filed in compliance with FULE 1104.

If this is a request for allowable for a newly trilled 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 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 multiply