

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

NO. OF COPIES RECEIVED	
DISTRIBUTION	
DATE	
BY	
NO. OF OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
ORATOR	
LOCATION OFFICE	
TOTAL	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

READ & STEVENS, INC.

P.O. BOX 1518, ROSWELL, NM 88201

Person(s) for filing (Check proper box)	Other (Please explain)
Well Completion ☐	EFFECTIVE SEPTEMBER 1, 1980
Change in Ownership ☐	
Change in Transporter of: Oil ☒ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

Range of ownership give name
address of previous owner

DESCRIPTION OF WELL AND LEASE			
Well Name STATE "C"	Well No. 1	Pool Name, Including Formation QUAIL QUEEN	Kind of Lease State, XXXXXXXXXX
			Lease No. OG-2001
Location			
Unit Letter K	2080	Feet From The SOUTH	Line and 1980
Line of Section 11		Township 19S	Range 34E
		NEPMA	LEA

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil ☒ or Condensate ☐ CONOCO, INC. TRANSPORTATION DEPT.		Address (Give address to which approved copy of this form is to be sent) P.O. BOX 460, HOBBS, NM 88240	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)	
Well produces oil or liquids, or location of tanks.	Unit K	Sec. 11	Twp. 19S
		Rge. 34E	Is gas actually connected? When

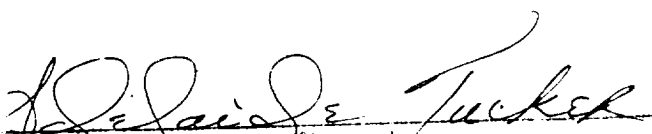
Is production commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
Is Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Locations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)			
First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Initial Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

S WELL			
Initial Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing 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 Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.	
	
PRODUCTION CLERK	
SEPTEMBER 8, 1980	
(Date)	

OIL CONSERVATION DIVISION	
APPROVED _____, 19__	
BY _____	
TITLE _____	
This form is to be filed in compliance with RULE 1104.	
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for all wells on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of ownership, name or number, or transporter, or other such change of condition.	
Form C-104 must be filed for each pool in pool	