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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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-110
Effective 1-1-65

I. OPERATOR
READ & STEVENS, INC.
Address: **P.O. Box 2126, Roswell, New Mexico 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): **CASINGHEAD GAS MUST NOT BE FLARED AFTER 12/1/77 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name: **Quail State** Well No.: **1** Pool Name, Including Formation: **Quail Queen** Kind of Lease: **State, XXXXXXXXXX** Lease No.: **OG-2001**
Location: Unit Letter **0**; **660** Feet From The **South** Line and **1980** Feet From The **East** Line of Section **11** Township **19S** Range **34E**, NMPM, **Lea** County

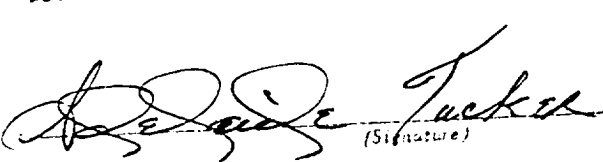
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Western Crude Oil, Inc. Address (Give address to which approved copy of this form is to be sent): **P.O. Box 1142, Midland, TX 79701**
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Warren Petroleum Corporation Address (Give address to which approved copy of this form is to be sent): **P.O. Box 1589, Tulsa, Oklahoma**
If well produces oil or liquids, give location of tanks: Unit **0** Sec. **11** Twp. **19S** Rge. **34E** Is gas actually connected? **no** When: **-**

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

IV. COMPLETION DATA
Designate Type of Completion - (X) ☒ Oil Well ☐ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v. ☐
Date Spudded: **6/2/77** Date Compl. Ready to Prod.: **10/12/77** Total Depth: **5500'** P.B.T.D.: **5484'**
Elevations (DF, RKB, RT, GR, etc.): **3963.77' GR 3974'RKB** Name of Producing Formation: **Queen** Top Oil/Gas Pay: **5036'** Tubing Depth: **5224'**
Perforations: **5036-43'; 5097-5107'; 5132-40'; 5168-70'** Depth Casing Shoe: **5484'**
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE: **12 1/4"** CASING & TUBING SIZE: **9 5/8"** DEPTH SET: **400'** SACKS CEMENT: **240 sx. cir.**
7 7/8" **4 1/2"** **5484'** **1115 sx**

V. 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)
Date First New Oil Run To Tanks: **7/17/77** Date of Test: **10/12/77** Producing Method (Flow, pump, gas lift, etc.): **Pumping**
Length of Test: **24 hr.** Tubing Pressure: **--** Casing Pressure: **--** Choke Size: **--**
Actual Prod. During Test: **60** Oil-Bbls.: **30** Water-Bbls.: **30** Gas-MCF: **TSTM**

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: **---**

VI. 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.

Production Clerk (Title)
October 13, 1977 (Date)

OIL CONSERVATION COMMISSION
APPROVED: **10/19/77**, 19
BY: **[Signature]**
TITLE: **SUPERVISOR DISTRICT I**
This form is to be filed in compliance with RULE 1103.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation 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.