

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
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DATE	
FILE	
S.O.D.	
NO. OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
LOCATION	
NATION OFFICE	
DATE	

READ & STEVENS, INC.

P.O. BOX 1518, ROSWELL, NM 88201

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

Change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
QUAIL STATE	4	QUAIL QUEEN	State: XXXXXX XXXX	OG-2001

Unit Letter	P	660 Feet From The	SOUTH Line and	660 Feet From The	EAST
Line of Section	11	Township	19S	Range	34E
					LEA

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
CONOCO, INC. TRANSPORTATION DEPT.	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)					
WARREN PETROLEUM CORPORATION	P.O. BOX 1589, TULSA, OK					
Well produces oil or liquids, or location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	0	11	19S	34E		

This production is 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	Plug Back	Same Hole	Drill. Re
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Deviations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Explorations					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 of hole for this depth or be for full 24 hours)

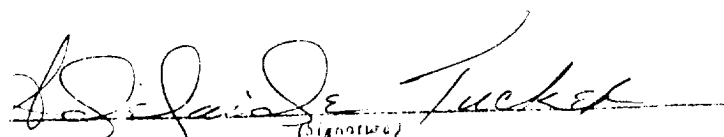
First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

SHUT-IN WELL

Shut-In Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Shut-In Method (pilot, back pt.)	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

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 deepened 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 own well name or number, or transporter, or other such change of conditions. Form C-104 must be filed for each pool in well.