

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

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)

Well ☐
Completion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

EFFECTIVE SEPTEMBER 1, 1980

Change of ownership give name
Address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name QUAIL STATE	Well No. 5	Pool Name, Including Formation QUAIL QUEEN	Kind of Lease State XXXXXXXXXX	Lease No. OG-2001
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Location

Unit Letter L : 1980 Feet From The SOUTH Line and 660 Feet From The WEST

Line of Section 11 Township 19S Range 34E NE/4 LEA

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate ☐

CONOCO, INC. TRANSPORTATION DEPT.

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 460, HOBBS, NM 88240

Address (Give address to which approved copy of this form is to be sent)

P.O. BOX 1589, TULSA, OK

Well produces oil or liquids,
or location of tanks.

Unit	Sec.	Twp.	Rge.
0	11	19S	34E

Is gas actually connected? When

If this production is commingling 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 Res'tv.	Diff. Re
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Productions (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Location:					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 lead oil and must be equal to or exceed top all tests taken on the well in accordance with RULE 111.)

Date 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

SHUT-IN WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing 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

OIL CONSERVATION DIVISION

APPROVED SEP 11 1980, 19

BY John Runyan
Geologist

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 deviated 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 condition.