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| FILE | | |
| U.S.G.S. | | |
| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

NEW MEXICO 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

| | |
|---|---|
| Operator Read & Stevens, Inc. | |
| Address P.O. Box 1518, Roswell, NM 88201 | |
| Reason(s) for filling (Check proper box) | Other (Please explain) |
| New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change In Ownership <input type="checkbox"/> | Change In Transporter Of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Testing allowable for 200 BO for the month of April 1984. Perfs @ 5274'-5285', 5289'-5298'. | |
| If change of ownership give name and address of previous owner | |

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|------------------------|--------------------|
| Lease Name Emerald State | Well No. 1 | Pool Name, Including Formation Wildcat San Andres | Kind of Lease State | Lease No. V-681 |
| Location Unit Letter <u>K</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u> Line Of Section <u>15</u> Township <u>17S</u> Range <u>36E</u> ,NMPM, Lea County | | | | |

DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|---|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Koch Oil Company | Address(Give address to which approved copy of this form is to be sent) P.O. Box 2256, Wichita, KS 67201 |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> | Address(Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks Unit <u>K</u> Sec. <u>15</u> Twp. <u>17S</u> Rng. <u>36E</u> | Is gas actually connected? <input type="checkbox"/> When |
| this production is commingled with that from any other lease or pool, give commingling order number: | |

1. 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 | Date Compl. Ready to Prod | | Total Depth | | | P.B.T.D. | | |
| Elevations(DF,RKB,RT,GR,etc) | Name of Prod. Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | 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 and must be equal to or exceed top allowable for this depth or be for full 24 hours)

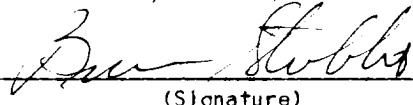
| | | | |
|----------------------------------|-----------------|--|------------|
| Date First New Oil Run To Tanks: | Date of Test | Producing Method(Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls.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

S WELL

| | | | |
|--------------------------------|---------------------------|--------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Rbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method(pitot, 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 New Mexico Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



(Signature)

Drilling & Production Manager
(Title)

April 23, 1984
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 26 1984, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE Deputy Supervisor

This form is to be filed in compliance with Rule 1104.
If this is a request for allowable for a newly drilled 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.