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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: Post Office Box 1518, Roswell, New Mexico 88202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change In Transporter Of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Testing allowable for 1400 BO (50 BOPD) for the month of February 1986; 9470'-9612'; Bone Springs	
If change of ownership give name and address of previous owner	

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Laurie "D" Federal	1	Lea Penn <i>Undersig Marrow</i>	Federal	NM-06570
Location				
Unit Letter <u>A</u>	<u>660</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line Of Section <u>15</u> Township <u>20S</u> Range <u>34E</u> ,NMPM, Lea County			

II. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address(Give address to which approved copy of this form is to be sent)					
<i>Levaco Trading & Transp.</i>						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Address(Give address to which approved copy of this form is to be sent)					
<i>Llano</i>						
If well produces oil or liquids, give location of tanks	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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

III. 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			

IV. 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-Bbbls.	Water-Bbbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbbls. 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 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.

[Signature]
(Signature)
Drilling & Production Manager
(Title)

February 24, 1986

(Date)

OIL CONSERVATION COMMISSION

APPROVED *MAR 2 - 1986*, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I 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 & IV for changes of owner, well name or number, transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple.