

REQUEST FOR ALLOWABLE  
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator  
Read & Stevens, Inc.

Address  
P.O. Box 1518, Roswell, NM 88202

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Recompletion <input type="checkbox"/>			
Change in Ownership <input type="checkbox"/>			

If change of ownership give name and address of previous owner \_\_\_\_\_

1. DESCRIPTION OF WELL AND LEASE

Lease Name <u>North Lea Federal</u>	Well No. <u>3</u>	Pool Name, including Formation <u>North Lea Penn</u>	Kind of Lease State, Federal or Free <u>Federal</u>	Lease No. <u>56264</u>
Location Unit Letter <u>2</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u>				
Line of Section <u>10</u> Township <u>20S</u> Range <u>34E</u> , <u>NMFM</u> , <u>Lea</u> County				

1. DESIGNATION 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)
<u>Permian</u>	<u>P.O. Box 1183, Houston, TX 77251</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Llano, Inc.</u>	<u>921 W. Sanger, Hobbs, NM 88240-4917</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>10 20S 34E Yes 2-1-88</u>

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

2. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir, Diff. Reservoir
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Date Spudded <u>10-19-87</u>	Date Compl. Ready to Prod.	Total Depth <u>13730</u>	P.B.T.D.				
Elevations (DF, RKB, RT, CR, etc.) <u>3643 GL</u>	Name of Producing Formation <u>Morrow</u>	Top Oil/Gas Pay	Tubing Depth <u>13462.50 RKB</u>				
Perforations <u>13452-13462</u>			Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2</u>	<u>13 3/8</u>	<u>1595</u>	<u>1265 sx</u>
<u>12 1/4 &amp; 11</u>	<u>8 5/8</u>	<u>5195</u>	<u>Stg 1-575 sx</u> <u>Stg 2-900 sx</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>13730</u>	<u>Stg 1-1045 sx</u> <u>Stg 2-2400 sx.</u>

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <u>5549</u>	Length of Test <u>4 hr.</u>	Bbls. Condensate/MMCF <u>48</u>	Gravity of Condensate <u>57.2</u>
Testing Method (pilot, back pr.) <u>Flowing</u>	Tubing Pressure (shut-in) <u>4874</u>	Casing Pressure (shut-in) <u>PKR</u>	Choke Size <u>17/64</u>

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)  
Production Clerk  
(Title)  
2-2-88  
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 2 - 1988, 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 or deepened 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 Form C-104 must be filed for each well completed.

## WILLBROS DRILLING, INC.

INCLINATION REPORT


OPERATOR: Read & Stevens, Inc.  
P. O. Box 1518  
Roswell, New Mexico 88201

LOCATION: North Lea Federal #3,  
Lea County, New Mexico,  
Sec. 10, T-20-S,  
R-34-E.


DEPTH FEET	INCLINATION DEGREES	DEPTH FEET	INCLINATION DEGREES	DEPTH FEET	INCLINATION DEGREES
302	1	5,937	1-1/2	10,015	2-1/2
598	3/4	6,403	3/4	10,107	2-3/4
917	1	6,913	1/4	10,195	2-1/4
1,166	3/4	7,416	1	10,292	2-1/4
1,353	1/4	7,916	2	10,413	2-1/2
1,595	1/2	8,414	1	10,510	2-3/4
2,183	1	8,908	1	10,600	2
2,684	1-1/2	9,360	3-1/4	11,000	2-1/4
2,829	3	9,390	3	11,460	1-1/4
3,088	2-1/2	9,455	3	11,727	1-1/4
3,381	2-1/4	9,548	2-3/4	12,320	1-1/2
3,850	1	9,615	3-1/4	12,749	1-1/4
4,370	1	9,643	3	13,323	1-1/4
4,870	3/4	9,737	3-1/4	13,730	1-1/4
5,140	2	9,829	3		1-1/2
5,563	1-1/2	9,921	2-1/2		

COUNTY OF MIDLAND  
STATE OF TEXAS

The undersigned states that he has knowledge of the facts and matter herein set forth and that the same are true and correct.

  
L. E. Grimes, President

SUBSCRIBED AND SWORN TO BEFORE ME THIS 7<sup>th</sup> day of January 1988

  
Carolyn Stringer  
Notary Public

My commission expires: August, 1989

RECEIVED  
FEB 8 1988  
OCD  
HOBBS OFFICE