

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <i>Read : Stevens Inc.</i>	Well API No.
Address <i>P.O. Box 1518 Roswell NM</i>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR, NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Mark Fed</i>	Well No. <i>1</i>	Pool Name (including Formation) <i>Whitely Res Delaware</i>	Kind of Lease State (Federal) or Fee	Lease No. <i>NM 54432</i>	
Location					
Unit Letter <i>M</i>	: <i>660</i>	Feet From The <i>5</i>	Line and <i>660</i>	Feet From The <i>W</i>	Line
Section <i>3</i>	Township <i>20S</i>	Range <i>34E</i>	NMPM	<i>lea</i>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <i>Permian SCURLOCK PERMIAN CORP EFF 9-1-91</i>	or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <i>P.O. Box 1183 Houston TX 77002</i>				
Name of Authorized Transporter of Casinghead Gas <i>Phillips GPM Gas Corporation</i>	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <i>6011A Road, OK 74004</i>				
If well produces oil or liquids, give location of tanks.	Unit <i>M</i>	Sec. <i>3</i>	Twp. <i>20S</i>	Rge. <i>34E</i>	Is gas actually connected? <i>No</i>	When? <i>WOPL</i>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <i>1-9-91</i>	Date Compl. Ready to Prod. <i>2-1-91</i>	Total Depth <i>13,600</i>	P.B.T.D. <i>13,020</i>					
Elevations (DF, RKB, RT, GR, etc.) <i>3635 GL</i>	Name of Producing Formation <i>Delaware</i>	Top Oil/Gas Pay <i>5644</i>	Tubing Depth <i>5675</i>					
Perforations <i>5644 - 5664</i>			Depth Casing Shoe <i>13,600</i>					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <i>17 1/2</i>	CASING & TUBING SIZE <i>13 3/8</i>	DEPTH SET <i>1606</i>	SACKS CEMENT <i>1420</i>					
<i>11</i>	<i>8 5/8</i>	<i>5186</i>	<i>2350</i>					
<i>7 7/8</i>	<i>5 1/2</i>	<i>13600</i>	<i>735</i>					
	<i>2 3/8</i>	<i>5675</i>						

V. 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 Tank <i>2-1-91</i>	Date of Test <i>2-5-91</i>	Producing Method (Flow, pump, gas lift, etc.) <i>Pump</i>	
Length of Test <i>24 hrs</i>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <i>102</i>	Oil - Bbls. <i>112</i>	Water - Bbls. <i>33</i>	Gas - MCF <i>50 est</i>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature *John C. Makey Jr.*
Printed Name *JOHN C. MAKEY JR. Engr.*
Date *2-11-91* Title *505/622-3770*
Telephone No.

OIL CONSERVATION DIVISION

Date Approved *FEB 15 1991*
By *ORIGINAL SIGNATURE OF DIVISION*
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.