DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE	REQUES	DNSERVATION COMMISSION ST FOR ALLOWABLE AND FRANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS
TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator			
Read & Stevens	. Inc.		
Address P.O. Box 1518	Roswell, NM 88201		
Reason(s) for filing (Check proper box) Other (Please explain)			
New Well X Change In Transporter Of: Recompletion Oli Dry Gas Change In Ownership Casinghead Gas Condensate			
If change of ownership give n and address of previous owner	a me		
I. DESCRIPTION OF WELL AND LE	ASE		
Lease Name We Mark Federal 1 Location	II No. Pool Name, Including North Lea P	· (Ind of Lease No. Lease No. State, Federal, XXXXXXX NM-54432
Unit Letter <u> </u>	660 Feet From The Si Township 20S	outh Line and 660 Range 34E ,NMPM,	Feet From The West County Lea
11. DESCRIPTION OF TRANSPORTED	······································	1	
Name of Authorized Transport	er of OII or Condensate	Address(Give addr Is to be	ress to which approved copy of this fo sent)
Permian Corp. Name of Authorized Transport	er of Casinghead Gas Dry (83, Houston, TX 77002
		Is to be	
Read & Stevens, Inc.	ids, Unit Sec. Twp.	Rge. Is gas actually of	18, ROSWEII, NM 88202
give location of tanks	3 205	34E No Yes	6-1-88
If this production is comming 111. COMPLETION DATA	led with that from any other	r lease or pool, give/com	mingling order number:
Designate Type of Complet	X		pen Plug Back Same Res'v Diff. Res'
Date Spudded . 12-23-87	Date Compl.Ready to Prod 4-23-88	Total Depth 13,600'	P.B.T.D. 13,530'
Elevations (DF, RKB, RT, GR, etc)	Name of Prod. Formation Morrow	Top 011/Gas Pay 13,410'-13,415'	Tubing Depth 13,530'
3,635 Perforations	MOLIOW	13,410 -13,415	Depth Casing Shoe
	TUBING, CASING	Y	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
7 7/8	8 5/8 55	5186' 13600	2350 sx 735 sx
IV. TEST DATA AND REQUEST FOR	ALLOWABLE (Test must be aft	er recovery of total volu	ume of load and must be equal to or
DIL WELL Date First New Oll Run To	exceed top allow	vable for this depth or be	a for full 24 hours)
Tanks:	Date of Test	Producing Method(Flow, p	pump, gas llft, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Slze
Actual Prod. During Test	Oll-Bbis.	Water-Bbls.	Gas-MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
CAOF 1967 Testing Method(pitot,back priback pressure	4 hrs Tubing Pressure (Shut-in) 4535	6.6 Casing Pressure(Shut-in) pkr.	56.0° Choke Size Varied
CERTIFICATE OF COMPLIANCE			ATION COMMISION
I hereby certify that the rules and regulations of the OII Conservation Commision have been complied with and		APPROVED	19, 19,
that the information given above is true and complete		BY ORIGINAL SIGNED BY JENEY SEXTON TITLE DISTRICT I SUPERVISIOR	
to the best of my knowledge and bellef.		This form is to be filed in compliance with Rule 1104.	
(Signature)		If this is a request for allowable for a newly drilled wet this form must be accompanied by a tabulation of the deviatio	
(Signature)		tests taken on the well in accordance with Rule 111. All sections of this form must be filled out completely	
Petroleum Engineer		for allowable on new and recompleted wells.	
(Title)		Fill out only Sections 1,11,111, and VI for changes of owner, well name or number, or transporter, or other such	
5-4-88		change of condition.	
(Date)		Separate Forms C-104 must be filed for each pool in multiply.	

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MAY 17 1988 000 HOBES OFFICE

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