Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM \$1210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Pe, New Mexico 87504-2088

1. Anec, NM 87410	REQU				LE AND A		S				
Operator		Wall API No.									
Read & Stevens	s, Inc.						30-	025-305	86		
Address				_							
P.O. Box 1518	. Roswell	NM_	8820	<u> </u>	Other	(Please explai	a) -1 + - 11 -				
Reason(s) for Filing (Check proper box) New Well		Change in T	TRANSPORT	ter of:		(Please exploi	oval to tis oalt mussi	re casing	mead gas red from	trom	
Recompletion	Oil		Dry Gas			BURE	AU OF LAN	DO ODLAN MANAGE	MENT (BLM	ine	
Change is Operator		1 Gur 🔲 (ĺ	
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	L AND LEA	SE								•	
Lease Name		Well No. Pool Name, Includin									
Lucy Federal		l Lea Ya			ites SMX, F			Federabtic Res	NM-7	8273	
Location Unit LetterD	. 890)	Kası Per	on The	N Line	330	· Fe	et From The	W	Line	
										County	
Section 14 Town	hip 20S		Range	<u>34E</u>		(PM,	Lea			County	
III. DESIGNATION OF TRA		R OF OI		D NATU	RAL GAS	eddress to wh	ich approved	copy of this f	orm is to be se	ud)	
·					Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77002						
	Permian ame of Authorized Transporter of Casinghead Gas X or Dry Cas				Address (Give address to which approved cop)				orm is to be se	ul)	
Phillips 66				—	P.O. Box 5050, Bartles						
If well produces oil or liquids,	Unit		Twp	Rge	ls gas actually			7		•	
give location of tanks.	i p		20S	34E	No		ـــــ	ASAP			
If this production is comminged with the IV. COMPLETION DATA	at from any ou	er lease or ;	ood, giv	e comming	ling order numb	er;			······································		
Designate Type of Completic	on - (X)	Oil Well		Sas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.	•••	Total Depth		•	P.B.T.D.			
7-7-89	8-	28-89			3.7	62!		<u> </u>	3,742'		
Elevations (DF, RKB, RT, GR, etc.)								Tubing Dep			
3,642' GL Yates					3,464'			Depth Casing Shoe			
3,580-3,603,		·						Depth Call			
TUBING, CASING AND									DAGUE OF WENT		
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT		
17 1/2		13 3/8			500'			1035			
7 7/8		4 1/2				3.762'			1033		
				 		-		-			
V. TEST DATA AND REQU	EST FOR	ALLOW	BLE						for 6.11 24 ha		
OIL WELL (Test must be aft			of load	OU AND MUU	Productes M	ethod (Flow, p	unus, sas lik	ue.)	707 Jul 24 RD		
	I	Date of Test 9-5-89				• • •					
9-5-89 Length of Test		Tubing Pressure			Pumping Casing Pressure			Choks Size			
24 hrs		_			<u></u>			-			
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.			Water - Bbls.			Gu- MCF			
		12				11			50		
GAS WELL Actual Prod. Test - MCF/D	Leagth of	Test			IBble Conde	a male/MOMCF		Genviry of	Condensate		
AZULLI PROB. TEM - MCP/D	Lagar or	,									
Testing Method (pilot, back pr.)	Tubing P	Tubing Pressure (Shik-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF	ICATE O	F COMP	LIA	NCE	7	011 66:			D1: // C:		
I hereby certify that the rules and regulations of the Oil Conservation					-	OIL CONSERVATION DIVISION					
Division have been complied with and that the information gives above					OCT 1 6 1989						
is true and complete to the best of my knowledge and bellef.					Date	Date Approved					
olu (Maks)						••					
John C. Maxey, Jr. Wetroleum Engineer					By_	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT SUPERVISOR					
Printed Name Title					Title	Title					
10/09/89 Date	505/	622-3/3 Tel	7() ephone	No.					,		

- 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
- 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.

RECEIVED

OCD NOBBS OFFICE-