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Appropriate District Office
DISTRICT I
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

OIL CONSERVATION DIVISION

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Read & Stevens, Inc.		Well API No. 30-025-31189
Address P.O. Box 1518, Roswell, NM 88202		
Reason(s) for Filing (Check proper box) 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 Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Other (Please explain) Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mark Federal	Well No. 2	Pool Name, Including Formation Wildcat Quad Ridge Delaware	Kind of Lease <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other	Lease No. NM-54432
Location Unit Letter N : 460 Feet From The S Line and 1650 Feet From The W Line Section 3 Township 20S Range 34E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Permian Corp. SCURLOCK PERMIAN CORP EFF 9-1-91	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77002					
Name of Authorized Transporter of Casinghead Gas or Dry Gas Phillips 66 Natl Gas GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3020, Bartlesville, OK 74004					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 3	Twp. 20S	Rge. 34E	Is gas actually connected? No	When? WOPL

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
			X					
Date Spudded 5/24/91	Date Compl. Ready to Prod. 7/15/91		Total Depth 6475'		P.B.T.D. 6312'			
Elevations (DF, RKB, RT, GR, etc.) 3639.6' GL	Name of Producing Formation Delaware		Top Oil/Gas Pay 5640		Tubing Depth 5565			
Performances 5610-5640, 5956-5960, 6042-6050, 6196-6206 2 SPF					Depth Casing Shoe 6355			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE 17 1/2 7 7/8	CASING & TUBING SIZE 13 3/8 5 1/2	DEPTH SET 1600 6355	SACKS CEMENT 1370 sx (circ) 1960 sx
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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 7-7-91	Date of Test 7-11-91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 26/24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil - Bbls. 159/146.88	Water - Bbls. 25 BLW	Gas - MCF 46

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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. Maxey, Jr./Petroleum Engineer
Printed Name
Date 7/15/91 Telephone No. 505/622-3770

OIL CONSERVATION DIVISION

JUL 23 1991

Date Approved
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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.

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