

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

DISTRICT II  
P.O. Drawer DD, Azusa, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Azusa, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Read & Stevens, Inc.		Well AP# No. 30-025-31355
Address P.O. Box 1518, Roswell, NM 88202		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletions <input type="checkbox"/> <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
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		
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.		

II. DESCRIPTION OF WELL AND LEASE		4/1/92
Lease Name North Lea Federal	Well No. 4	Pool Name, Including Formation Basil Ridge Delaware
Kind of Lease State (Federal) or Free	Lease No. NM-56264	
Location Unit Letter D : 330 Feet From The N Line and 990 Feet From The W Line Section 10 Township 20S Range 34E NMPM Lea County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Permian Corp.	P.O. Box 4648, Houston, TX 77210-4648					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 10	Twp. 20S	Rge. 34E	Is gas actually connected? No	When?
If this production is commingled with that from any other lease or pool, give commingling order number:						

IV. COMPLETION DATA		Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>					
Designate Type of Completion - (X)		X		Total Depth 5850'		P.B.T.D.	
Date Spudded 10-29-91	Date Compl. Ready to Prod. 12/13/91	Top Oil/Gas Pay 5618'		Tubing Depth		Depth Casing Shoe	
Elevations (DF, RKB, RT, GR, etc.) 3634' GL	Name of Producing Formation Delaware	5618-5651		Tubing Depth		stg tail w/200 sx	
TUBING, CASING AND CEMENTING RECORD				SACKS CEMENT			
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
17 1/2"		13 3/8"		1590'		1120 sx lite, 250 sx prem	
7 7/8"		5 1/2"		5837'		420 sx 1st stg, 1500 sx 2nd	
		2 3/8"		5504			

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 12/13/91	Date of Test 12/20/91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure 20#	Choke Size
Actual Prod. During Test	Oil - Bbls. 120	Water - Bbls. 2	Gas - MCF 100 mcf (est)

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		OIL CONSERVATION DIVISION	
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.		Date Approved	
Signature John C. Maxey, Jr./Petroleum Engineer		By	
Printed Name John C. Maxey, Jr.		Title	
Date 12/23/91			
Telephone No. 505/622-3770			

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.