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Appropriate District Office
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DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Read & Stevens, Inc.		Well API No. 30-025-31737 ✓
Address P. O. Box 1518 Roswell, NM 88202		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
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"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name North Lea Federal	Well No. 7	Pool Name, including Formation Quail Ridge Delaware	Kind of Lease State, Federal or Private	Lease No. NM56264
Location Unit Letter G : 1980 Feet From The FNL Line and 1980 Feet From The FEL Line Section 10 Township 20S Range 34E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4648 Houston, TX 77210					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 5050 Bartlesville, OK 74005					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 10	Twp. 20S	Rge. 34E	Is gas actually connected? Yes	When? 12-10-92

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9/28/92	Date Compl. Ready to Prod. 12/10/92		Total Depth 6,510'		P.B.T.D. 6,470'			
Elevations (DF, RKB, RT, GR, etc.) 3,637' GL	Name of Producing Formation Delaware		Top Oil/Gas Pay 5556-5674 Delaware		Tubing Depth 5,577'			
Performances 5,942'-5,962'		5,556'-5,592'		5,620'-5,674'		Depth Casing Shoe 6,501'		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	433'	450 sx Class C 2% CaCl
12 1/4"	9 5/8"	3,228'	1675 sx lite 200 sxHeat
8 3/4"	7	5,000'	1 stg 150 sxH 2nd 250lt, nt
6 1/4"	4 1/2"	6,501'	1 stg 450 sxH 2nd 215 skH

V. TEST DATA AND REQUEST FOR ALLOWABLE 2 3/8" tbg 5,577'

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 12-10-92	Date of Test 1-16-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil - Bbls. 50	Water - Bbls. 107	Gas- MCF TSTM

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 Susan Rodrigue
Printed Name Susan Rodrigue Title Production Analyst
Date 1-29-93 Telephone No. 505/622-3770

OIL CONSERVATION DIVISION
FEB 02 1993

Date Approved _____

By ORIGINAL SIGNED BY JOHN STIXTON
DISTRICT 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.