

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 API No. 30-025-31790
Address P. O. Box 1518 Roswell, NM 88202		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		<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		THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mark Federal	Well No. 3	Pool Name, including Formation Quail Ridge Delaware	Kind of Lease State, Federal or Foreign	Lease No. NM 54432
Location Unit Letter 0 : 330 Feet From The South Line and 1900 Feet From The East 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 Scurlock Permian	<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 GPM Gas Corporation	<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 0	Sec. 3	Twp. 20S	Rge. 34E	Is gas actually connected? No	When? Approx. 2 weeks

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-26-92	Date Compl. Ready to Prod. 1-15-93	Total Depth 6,498'	P.B.T.D. 6,087'					
Elevations (DF, RKB, RT, GR, etc.) 3,649' GL	Name of Producing Formation Delaware	Top Oil/Gas Pay 5,628'	Tubing Depth 5,594'					
Perforations 5,628' - 5,634'	5,648' - 5,656'	5,662' - 5,680'	Depth Casing Shoe 6,132					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	1,590'	1250 sx
11"	8 5/8"	4,975'	1700 sx
7 7/8"	5 1/2"	6,132'	650 sx

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 2-5-93	Date of Test 2-22-93	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil - Bbls. 86	Water - Bbls. 49	Gas - MCF TSTM

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

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 2-23-93 Title 505-622-3770
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 26 1993
By ORIGINAL SIGNED BY JERRY SEATON
Title DISTRICT I SUPERVISOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.