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1000 Rio Brizos 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 API No. 30-025-31819
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. 9	Pool Name, including Formation Quail Ridge Delaware	Kind of Lease State, Federal or Fee	Lease No. NM 56264
Location Unit Letter H : 1800' Feet From The FNL Line and 990' 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"/> Scurlock Permian Oil Corp.	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"/> GPM Gas Corp	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 B	Sec. 10	Twp. 20S	Rge. 34E	Is gas actually connected? Yes	When? 4-29-93

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
Date Spudded 3-24-93	Date Compl. Ready to Prod. 4-08-93		Total Depth 6300'		P.B.T.D. 5880'			
Elevations (DF, RKB, RT, GR, etc.) 3644' GL	Name of Producing Formation Delaware		Top Oil/Gas Pay 5610'		Tubing Depth 5631'			
Perforations 5610' - 5676' Delaware					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	1567'	900sx lite 250sx PP 2% CaCl
11"	8 5/8"	4965'	1st seg 400 sx PP 2nd seg 7100 sx lite 250 sx PP
7 7/8"	5 1/2"	6300'	250 sx lite, 450 sx PP

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 4-29-93	Date of Test 5-6-93	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. 72	Water - Bbls. 151	Gas - MCF 21

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
Date
5-14-93
Title
Production Analyst
Telephone No.
505/622-3770

OIL CONSERVATION DIVISION

Date Approved

By

Title

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.