

OIL CONSERVATION DIVISION

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

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 Brisco Rd., Azusa, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Read & Stevens, Inc.	Well API No. 30-025-31886
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. 8	Pool Name, Including Formation Quail Ridge Delaware	Kind of Lease State, Federal or Foreign	Lease No. NM 56264
Location Unit Letter F : 1650 Feet From The North Line and 2310 Feet From The West 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 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 D	Sec. 10	Twp. 20S	Rge. 34E	Is gas actually connected? Yes	When? 4-6-93

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3-4-93	Date Compl. Ready to Prod. 4-6-93		Total Depth 6,510'		P.B.T.D. 6,252'			
Elevations (DF, RKB, RT, GR, etc.) 3,641' GL	Name of Producing Formation Delaware		Top Oil/Gas Pay 5,934'		Tubing Depth 6,031'			
Perforations 5934'-5960'					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	1,582'	950sxlite, tail 250sx C+2%
11 "	8 5/8"	5,000'	450 seg 400 sx pp
7 7/8"	5 1/2"	6,336'	250sx 1t, tail 450sx H & Add
	2 3/8"	6,031'	

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 4-06-93	Date of Test 4-13-93	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. 38	Water - Bbls. 3	Gas - MCF 20

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 Susan Rodriguez Production Analyst
Printed Name Susan Rodriguez Title
Date 5-3-93 Telephone No. 505-622-3770

OIL CONSERVATION DIVISION

MAY 10 1993

Date Approved

By JOHN A. GUNTER

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.