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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form 12-104
Supersedes Old C-104 and
Effective 1-1-55

I. Operator
Read & Stevens, Inc.
Address
P.O. Box 1518, Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of ☐
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Lease Sale ☐
Other (Please explain)
Effective October 1, 1979

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Russell	Section	1	Township	Battleaxe Delaware	Kind of Lease	XXX Federal XXXX	Lease No.	LC-068281
Location									
Unit Letter	C	760	Feet from the	North	Line and	2002	Feet from the	West	
Line of Section	31	Township	26E	Range	32E	NMFM,	Lea	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil (X) or Condensate	Koch Oil Company	Address (Give address to which approved copy of this form is to be sent)	P.O. Box 2256, Wichita, Kansas 67102				
Name of Authorized Transporter of Gas (X) or Dry Gas	Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent)	Bartlesville, Oklahoma 74003				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is this wellily connected?	When	
	C	31	26S	32E	yes	3/4/64	

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.	Dbl. R.
Date Spudded	Time Compl. ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DI, RAB, RT, GR, etc.)	Name of Producing Formation	Top of the Day	Tubing Depth					
Restrictions			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 of well for this depth or be for full 24 hours)

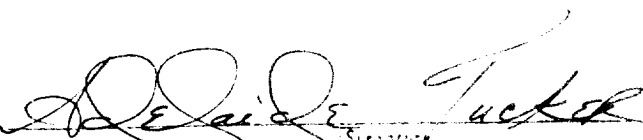
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Bottom Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back prod)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

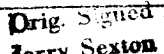
VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Deirdre Tucker
Production Clerk
(Title)

September 19, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED  19
BY 
Dist 1, Supr
TITLE

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a well on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of cond