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

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Charles B. Read	
Address P. O. Box 1822, Roswell, New Mexico	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE		Middle Lane Penn. Ext. 80 Acres		State	
Lease Name Gross	Lease No. OG-765	Well No. 1	Pool Name, including Formation Undesignated	Kind of Lease State Federal or Fee	
Location Ada-Pennsylvanian R-3681					
Unit Letter A	660	Feet From The North	Line and 660	Feet From The East	
Line of Section 15	Township 10 South	Range 33 East	NMPM, Lea		County

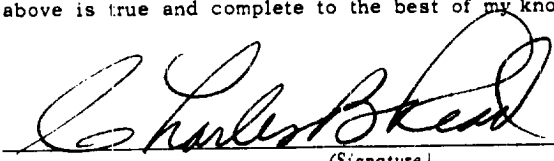
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Service Pipeline Company Amoco Pipeline Co.	3411 Knoxville Ave., Lubbock, Texas				
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)				
Warren Petroleum Corporation	P. O. Box 1589, Tulsa, Oklahoma				
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 15	Twp. 10S	Rge. 33E	Is gas actually connected? Yes When November 2, 1966

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)	X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 8/15/66	Date Compl. Ready to Prod. 9/23/66	Total Depth 9700'		P.B.T.D. 9671'					
Elevations (DF, RKB, RT, GR, etc.) 4219' RKB	Name of Producing Formation Bough "C"	Top Oil/Gas Pay 9637'		Tubing Depth 9612'					
Perforations 9637', 9641'		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
15"	12-3/4"		355'		350 circ. to surface				
11"	8-5/8"		3915'		300				
7-7/8"	5-1/2"		9700'		200				

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 Tanks 9/23/66	Date of Test 10/29/66	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 200#	Casing Pressure --	Choke Size 40/64"
Actual Prod. During Test 450 BF	Oil - Bbls. 250	Water - Bbls. 200	Gas - MCF 162.5

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
 Operator (Signature)		BY _____	
November 2, 1966 (Title) (Date)		TITLE _____	
		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.	