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	GAS	/
OPERATOR		/
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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
RECEIVED

SEP 21 1967

C. C. C.

ARTESIAN OFFICE

I. Operator
Charles B. Read

Address
P. O. Box 2126, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Irene Brainard Gas Com	Well No. 1	Pool Name, including Formation Atoka Penn	Kind of Lease State, Federal or Fee Fee	Lease No. --
Location				
Unit Letter E	990	Feet From The West	Line and 1650	Feet From The North
Line of Section 20	Township 18S	Range 26E	County Eddy	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Scurlock Oil Company	428 Mid America Bldg., Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Transwestern Pipeline Co.	P. O. Box 1502, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 20	Twp. 18S	Rge. 26E	Is gas actually connected? Yes	When Sept. 14, 1967

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 Rest'v.	Diff. Rest'v.
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 2/4/67	Date Compl. Ready to Prod. 4/7/67	Total Depth 9053		P.B.T.D. 9013					
Elevations (DF, RKB, RT, GR, etc.) 3452 Cas. Head	Name of Producing Formation Morrow "B" Sand	Top Oil/Gas Pay 8901		Tubing Depth 8800					
Perforations 8900-8944				Depth Casing Shoe 9056					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"		8-5/8"		1242 KB		975 sx			
7-7/8"		4-1/2"		9056 KB		300 sx			
		2-3/8"		8800		pkc.			

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)

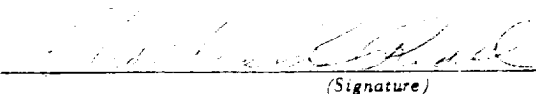
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 655 MCF	Length of Test 3 1/2 hrs.	Bbls. Condensate/MMCF 90 gals.	Gravity of Condensate 50.8
Testing Method (pitot, back pr.) 4 point back pr.	Tubing Pressure (Shut-in) 1901 PSI	Casing Pressure (Shut-in) pkc.	Choke Size various sizes

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.


(Signature)

Operator

(Title)

9/28/67

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY W. A. Gressett

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.