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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

I. Operator **Charles B. Read**  
Address **P. O. Box 2126, Roswell, New Mexico**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☒ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐ Other (Please explain) *John to be 11 State*

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name **CR** Well No. **1** Pool Name/Including Formation **Inbe Perm - 3402** Kind of Lease **Lease No. 30650**  
**CR** State **10WOT** **Inbe Perm** State, Federal or Fee **State**  
Location **CR**  
Unit Letter **4** Feet From The **660** North Line and **660** Feet From The **East**  
Line of Section **33** Township **10** Range **33** NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
**Pan American Petroleum Corp (trucks)** **P. O. Box 1725, Midland, Texas**  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)  
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When  
**No**

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<b>Rework 9/28/67</b>	<b>3/23/68</b>	<b>9534 RB</b>	<b>9505</b>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<b>4194 GL</b>	<b>Bough 'C'</b>	<b>9465</b>	<b>9404</b>					
Perforations	Depth Casing Shoe							
<b>9469, 9469.5, 9471, 9471.5, 9472.5, 9473 RB</b>	<b>9505</b>							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>15"</b>	<b>11-3/4"</b>	<b>355</b>	<b>250</b>
<b>11"</b>	<b>8-5/8"</b>	<b>4070</b>	<b>500</b>
<b>7-7/8"</b>	<b>5-1/2"</b>	<b>9534 RB</b>	<b>500</b>

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.)	
<b>3/21/68</b>	<b>3/21/68</b>	<b>Pumping</b>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<b>24 hrs</b>	<b>0</b>	<b>pk</b>	<b>Open 2-3/8"</b>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<b>885</b>	<b>35</b>	<b>850</b>	<b>TSTM</b>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	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.

**Charles B. Read**  
Charles B. Read (Signature)

Operator (Title)  
**April 1, 1968**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **Ar 8 19**, 19\_\_\_\_  
BY **John to be 11 State**  
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.