I	NO. OF COPIES RECEIVED	-		
	DISTRIBUTION		ONSERVATION COMMISSION	Form C-104
				Supersedes Old C-104 and C-114
	FILE		AND ALLOWABLE ON C. C. C.	Effective 1-1-65
	U.S.G.S.			GAS
	LAND OFFICE		NSPORT OIL AND NATURAL	
	TRANSPORTER OIL GAS			
1.	OPERATOR PRORATION OFFICE Operator			
	Charles B. Read			
	Address P. O. Box 2126, Roswell, New Mexico 88201			
	Reason(s) for filing (Check proper box) Other (Please explain)			
	New Well Change in Transporter of:			
	Recompletion	Oil Dry Gas	s	
	Change in Ownership	Casinghead Gas Conden	sate	
	If change of ownership give name and address of previous owner			
П.	DESCRIPTION OF WELL AND	LEASE LINDER	VATER X	Lation 200 - and
	Lease Name	Well No. Pool Name, Including Fo		State E 0035
	Humble "A"	l Imbe-Penn	State, Federa	
	Unit Letter ; 6	60 Feet From The North Line	e and Feet From	East The
	Line of Section 26 Tov	nship Bange	33E , NMPM,	Lea County
***	DESIGNATION OF TRANSPORT	TED OF OIL AND NATURAL CA	e	
			Address (Give address to which appro	
	Pan American Petroleum Corp. (Trucks) Name of Authorized Transporter of Casinghead Gas or Dry Gas		P. O. Box 1725, Midla Address (Give address to which appro	
	Warren Petroleum Co	rporation	P. O. Box 1589, Tuls	
	If well produces oil or liquids, give location of tanks.	$\overset{\text{Unit}}{A}$ $\overset{\text{Sec}}{2}6$ $\overset{\text{Twp}}{10}$ S $\overset{\text{Reg}}{3}3E$	Is gas actually connected? Wh	^{sen} Sept. 1, 1967
		h that from any other lease or pool,	give commingling order number:	· · · · · · · · · · · · · · · · · · ·
1 V .	COMPLETION DATA Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	n - (X) X Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	6/16/67	7/23/67	9875	984 3
	Elevations (DF, RKB, RT, GR, etc.) 4194 GL, 4206.5 KB	Name of Producing Formation Bough "C"	Top Oil/Gas Pay 9815	Tubing Depth 9795
	Perforations Depth Casing Shoe 9815, 9819, 9822 and 9826 04 July 9874			
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE		SACKS CEMENT
	15	12-3/4" 8-5/8"	350 3975	350 sx. circ. to surf 350 sx
	7-7/8"	5-1/2"	9814	250 sx
		2-3/8"	9795	••
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil pth or be for full 24 hours)	and must be equal to or exceed top allow-
	Date First New Oil Run To Tanks Date of Test. Producing Method (Flow, pump, gas lift, etc.)			
	7/22/67	7/22/67 Tubing Pressure	Swabbing Casing Pressure	Choke Size
	Length of Test 13 hrs.	20 0#	Pkr.	2"
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF TSTM
	186 BF 144		42	1311/1
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Freesure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI	CERTIFICATE OF COMPLIAN	L CE	OIL CONSERV	ATION 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
				, , , , , , , , , , , , , , , , , , ,
			BY	
			TITLE	
				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	
	(Signature)		tests taken on the well in acco	ordance with RULE 111.
	Owner (Title)		All sections of this form m	ust be filled out completely for allow-
	(Title) 7/25/67		able on new and recompleted w	II. III, and VI for changes of owner,
	(Date)		well name or number, or transport	rten or other such change of condition.
	(2)		Separate Forms C-104 must be filed for each pool in multiply	
			completed wells.	

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