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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

I.

Operator Charles B. Read	
Address P. O. Box 2126, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Shell State	Well No. 1	Pool Name, Including Formation North Bagley Lower Penn.	Kind of Lease State, Federal or Fee State	Lease No. K-3836
Location				
Unit Letter A	660	Feet From The North Line and 510	Feet From The East	
Line of Section 18	Township 11S	Range 33E	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"/> Service Pipeline Company Amoco Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) 3411 Knoxville Ave, Lubbock, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 18	Twp. 11S	Rge. 33E	Is gas actually connected? No	When April 1, 1968

If this production is commingled with that from any other lease or pool, give commingling order number:

No

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1/24/68	Date Compl. Ready to Prod. 3/8/68		Total Depth 10,363		P.B.T.D. 10,332			
Elevations (DF, RKB, RT, GR, etc.) 4308.6 Ground	Name of Producing Formation Strawn		Top Oil/Gas Pay 10,098		Tubing Depth 10,240			
Perforations 10098, 10098.5, 10105, 10105.5, 10135, 10135.5, 10146, 10146.5, 10149.5, 10150, 10162, 10162.5, 10201, 10201.5, 10204, 10205.5, 10282, 10282.5, 10289.					Depth Casing Shoe 10,363			
TUBING, CASING, AND CEMENTING RECORD 10290, 10292.5, 10293								
HOLE SIZE 15"	CASING & TUBING SIZE 12-3/4"		DEPTH SET 410'		SACKS CEMENT 350			
11"	8-5/8"		3770'		350			
7-7/8"	5-1/2"		10363'		500			

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 3/7/68	Date of Test 3/8/68	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 250	Casing Pressure Pkr	Choke Size 3/4"
Actual Prod. During Test 537	Oil-Bbls. 384	Water-Bbls. 153	Gas-MCF TSTM

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 (Signature)

Operator

(Title)

March 21, 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY 

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.