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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		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	<i>See below</i> New Test Data on Well
Recompletion <input checked="" 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 Shell State	Well No. 1	Pool Name, including Formation North Bagley-Lower Pennsylvanian R-3988	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"/> Pan American Pet. Corp. (Trucks)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 725, Midland, 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?		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, 10289.5, 10290, 10292.5, 10293					Depth Casing Shoe 10,363			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	12-3/4"		410'		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 1-kr.	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 14, 1968

(Date)

OIL CONSERVATION COMMISSION

APPROVED

MAR 15 1968

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BY

TITLE

SUPERVISOR, DISTRICT 1

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.