		. <u>.</u>		,				
	NO. OF COPIES RECEIVED	: - 1		•				
	DISTRIBUTION	NEW MEXICO OIL O	CONSERVATION COMMIS	55, _U , 4	Form C-104			
	SANTA FE	REQUEST	FOR ALLOWABLE ANDES OFFICE U.		Supersedes Old Eifective 1-1-69	C-104 and C-116		
	FILE	-	ANDOS OFFICE U.	Ç, Ç,		•		
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND N	ATÚRAL G	AS			
	LAND OFFICE		JUN 1/ 8 23 AM	22'				
,	TRANSPORTER OIL			ŲŲ				
	GAS	: -						
	OPERATOR	+						
1.	PRORATION OFFICE	<u> </u>						
	Operator Cl. 1 D. D. 1							
	Charles B. Read							
	P.O. Box 2126, Roswell, New Mexico 88201 Reason(s) for filing (Check proper box) Other (Please explain)							
	New Well X Change in Transporter of:							
	Recompletion	Oil Dry Go	= 1					
	Change in Ownership	Casinghead Gas Conde	nadie					
	If change of ownership give name and address of previous owner			·				
**	DESCRIPTION OF WELL AND	VEACE 1	1-1-1	- 5 of				
11.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation	Kind of Lease		Lease No.		
	Continental-State	Well No. Pool Name, Including F aca - lennsy [1]	vanian ed R-3472	State, XXXXXX	XXXVe	K-1112		
	Location	1 - Gildebigiaet	<u>ca</u> 131.0					
	Unit Letter F : 1976.6 Feet From The North Line and 1970.1 Feet From The West							
	Line of Section 18 Tov	vnship 10S Range 3	34E , NMPM,	.	Lea	County		
	Processis and an analysis and	nen on our axin xiamiinat ca						
111.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to	which approv	ed copy of this form is to	o be sent)		
	i							
	Pan American Petro. Corp. (trucks) Name of Authorized Transporter of Casinghead Gas X or Dry Gas		P.O. Box 1725 Midland, Texas Address (Give address to which approved copy of this form is to be sent)					
	ĺ		P.O. Box 158					
	Warren Petroleum	Unit Sec. Twp. Rge.	Is gas actually connected	i? Whe	n OKIAHOIHA			
	if we'r broduces on or ridures.		1					
	give location of tanks.	C 18 10S 34E	· · · · · · · · · · · · · · · · · · ·		30 days			
	If this production is commingled with	th that from any other lease or pool,	give commingling order	number:				
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	'v. Diff. Res'v.		
	Designate Type of Completic	on - (X)	37	1		l l		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.			
			99251		98921			
	5/9/68 Elevations (DF, RKB, RT, GR, etc.)	6/14/68 Name of Producing Formation	Top Oil/Gas Pay	. . 	Tubing Depth			
	i	Bough "C"	98641		98351			
	4197.71 GL	Dough C	J 700 4		Depth Casing Shoe			
	Perioditions							
	9867', 9867 $\frac{1}{2}$ ', 9869', 9869 $\frac{1}{2}$ ', 9870', 9870 $\frac{1}{2}$ ', 9871', & 9871 $\frac{1}{2}$ ' 9925' TUBING, CASING, AND CEMENTING RECORD					· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·	DEPTH SE		SACKS CEM	IENT		
	HOLE SIZE	CASING & TUBING SIZE	363 RKB		350			
	15"	12-3/4"	404 5 RKB		350			
	11"	8-5/8" 5-1/2"	9925 RKB		500			
	7-7/811	1	7740 KKD		+			

(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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

2-3/811

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump	Producing Method (Flow, pump, gas lift, etc.)			
6/14/68	6/13/68	Flowing				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
24 hr.	250#	Pkr.	24/64''			
Actual Prod. During Test	Oil-Bbis.	Water-Bbls.	Gas - MCF			
420	360	60	No Gauge			

9835 RKB

GAS WELL Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Bols. Condensate/MMCF Tubing Pressure (Shut-in) Count Pressure (June - 24) Ci..... 0420 Testing Method (pitot, back pr.)

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) READ OPERATOR CHARLES B

(Title) 1968 June 14,

(Date)

OIL CONSERVATION COMMISSION

BY

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a nowly 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.