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TRANSPORTER	OIL
	GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND ~~WELL'S OFFICE C. O. C.~~
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
AUG 9 7 54 AM '68

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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 <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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 _____

I. DESCRIPTION OF WELL AND LEASE				
Lease Name Shell-State	Well No. 2	Pool Name, including Formation North Bagley-Pennsylvanian R-3988 N. Bagley Lower Penn.	Kind of Lease State, Federal or Fee State	Lease No. K-3836
Location Unit Letter H ; 1980 Feet From The North Line and 510 Feet From The East Line of Section 18 Township 11S Range 33E , NMPM, Lea County				

II. 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		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 checked="" 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 Yes		

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

V. COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		X		X					
Date Spudded 6/5/68	Date Compl. Ready to Prod. 8/8/68		Total Depth 10,370		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 4307.7 GR	Name of Producing Formation Lower Penn.		Top Oil/Gas Pay 10,096		Tubing Depth 10,318				
Perforations 2 SPF @ 10,096', 10,099', 10,103', 10,131', 10,138', 10,143', 10,146', 10,159', 10,162', 10,167', 10,199', 10,201', 10,203', 10,278', 10,281',		TUBING, CASING, AND CEMENTING RECORD		10,287', 10,293'					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"		12 3/4"		375'		350			
11"		8 5/8"		3775'		250			
7 7/8"		5 1/3"		10,370'		500			

VI. 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 8/8/68		Date of Test 8/8/68		Producing Method (Flow, pump, gas lift, etc.) Pumping			
Length of Test 24		Tubing Pressure -0-		Casing Pressure -0-		Choke Size -0-	
Actual Prod. During Test 517		Oil-Bbls. 349		Water-Bbls. 168		Gas-MCF 560,000	

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	

VII. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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____	
Operator _____ (Signature)		BY _____	
8/8/68 (Date)		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.	