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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 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"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ainsworth	Well No. 2	Pool Name, including Formation Vada-Pennsylvanian Undesignated R-3562	Kind of Lease LEASE BY PRODUCTION	Lease No.
Location				
Unit Letter P ; 554 Feet From The South Line and 554 Feet From The East				
Line of Section 19 Township 9S Range 34E, 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 Petro. Corp. (trucks)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1725, Midland, Texas 79701			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Oklahoma 74102			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 19	Twp. 9S	Rge. 34E
	Is gas actually connected?		When	
	No		October 1, 1968	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8/1/68	Date Comp'l. Ready to Prod. 9/16/68	Total Depth 9890'		P.B.T.D. 9890'					
Elevations (DF, RKB, RT, GR, etc.) 4297.6' GL	Name of Producing Formation Fough "C"	Top Oil/Gas Pay 9816'		Tubing Depth 9789'					
Perforations 9816', 9820', 9822', 9824'		Depth Casing Shoe 9890'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
15"	12 3/4"		400'		350 sx				
11"	8 5/8"		4010'		450 sx				
7 7/8"	5 1/2"		9890'		500 sx				
	2 3/8"		9789'						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 9/14/68	Date of Test 9/14/68	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 300#	Casing Pressure Pkr	Choke Size 32/64
Actual Prod. During Test 640	Oil - Bbls. 320	Water - Bbls. 320	Gas - MCF No Gauge

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.

  
(Signature)

Agent  
(Title)

September 16, 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.