

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
HOBBS OFFICE O. C. C.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
MAY 27 10 31 AM '69

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)	
New Well <input checked="" 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 Inbe Permo-Pennsylvanian	
Lease Name State "D"	Well No. 1 Pool Name, including Formation R-3801 INBE (undesignated)
Kind of Lease State, XXXXXXXXXX	Lease No. K-6978
Location	
Unit Letter A ; 660 Feet From The North Line and 510 Feet From The East	
Line of Section 28 Township 10S Range 33E , NMFM, 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 Petroleum 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 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 74102
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
A 28 10S 33E No 30 days	

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 4/13/69	Date Compl. Ready to Prod. 5/25/69
Total Depth 9666'	P.B.T.D. 9625'
Elevations /DF, RKB, RT, GR, etc., 4196.6' GL	Name of Producing Formation Bough "C"
Top Oil/Gas Pay 9586'	Tubing Depth 9545.84'
Perforations 9588' to 9606'	Depth Casing Shoe 9666'
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE 15"	CASING & TUBING SIZE 12 3/4"
DEPTH SET 370 RKB	SACKS CEMENT 350 sx
11"	8 5/8"
3875 RKB	300 sx
7 7/8"	5 1/2"
9666 RKB	400 sx

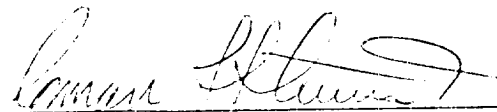
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

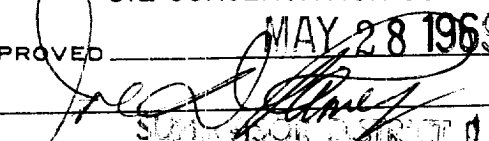

Date First New Oil Run To Tanks 5/25/69	Date of Test 5/25/69	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 155#	Casing Pressure Pkr	Choke Size 32/64
Actual Prod. During Test 360	Oil-Bbls. 240	Water-Bbls. 120	Gas-MCF 533

GAS WELL			
Actual Prod. Test-MCF/D -	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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)
5/26/69
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAY 28 1969, 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.