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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

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) THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR, NOTIFY THIS OFFICE.	

If change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE		North Bagley-Pennsylvanian R-3988	
Lease Name State "E"	Well No. 1	Pool Name, including Formation North Bagley	Kind of Lease State, <del>Leasehold</del>
Location		Lease No. OG-6008	
Unit Letter <u>N</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>2093</u> Feet From The <u>West</u>			
Line of Section <u>7</u> Township <u>11S</u> Range <u>33E</u> , NMPM, <u>Lea</u> County			

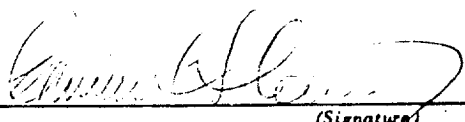
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Admiral Crude Oil Corp.	P. O. Box 1713, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Warren Petroleum Corp.	P. O. Box 1589, Tulsa, Oklahoma		
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 7	Twp. 11S
		Rge. 33E	Is gas actually connected? No
			When 30 Days

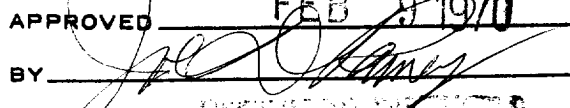
If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

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 11/6/69	Date Compl. Ready to Prod. 2/2/70	Total Depth 10,421	P.B.T.D. <del>10,390</del> BP 9573
Elevations (DF, RKB, RT, GR, etc.) 4318 GL	Name of Producing Formation Ranger Lake	Top Oil/Gas Pay 9471	Tubing Depth 9413
Perforations 9471, 9480, 9482, & 9485			Depth Casing Shoe 10,421 RKB
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	12 3/4"	372 RKB	350 Sx
11"	8 5/8"	3,720 RKB	350 SX
7 7/8"	5 1/2"	10,421 RKB	500 Sx.
	2 3/8"	9,413	Pkr.

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 2/2/70	Date of Test 2/2/70	Producing Method (Flow, pump, gas lift, etc.) Hydraulic Pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure Pkr.	Choke Size Open 2"
Actual Prod. During Test 634	Oil-Bbls. 225	Water-Bbls. 409	Gas-MCF TSTM

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

I. 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.	
	
Agent	(Title)
February 6, 1970	(Date)

OIL CONSERVATION COMMISSION	
APPROVED	FEB 9 1970
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.	