

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

11062 DEPT. OF COMMERCE
AND
AUTHORIZATION TO PRODUCE OIL AND NATURAL GAS
JUN 27 10 38 AM '69

Supersedes O.C.C. Form No. 1
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 ☒ Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐ Oil ☒ Castinghead Gas ☐ Condensate ☐
Change in Ownership ☐ Other (Please explain) This is a request for a June 1969 allowable of 2500 barrels for testing purposes.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "B"	Well No. 1	Pool Name, including Formation Undesignated	Kind of Lease Federal	Lease No. NM0556301
Location Unit Letter: P ; 660 Feet From The South Line and 660 Feet From The East Line of Section: 30 Township: 8S Range: 36E , NMPM, Roosevelt County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Admiral Crude Oil Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1713, Midland, Texas 79701	
Name of Authorized Transporter of Castinghead Gas ☐ or Dry Gas ☐ to be vented during testing operations	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (OF, FAD, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Testing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENT LOG RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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)

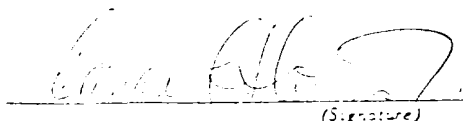
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, back prod.)	Testing 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

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.

INCLINATION REPORT

RECEIVED O. C. C.
JUN 2 10 39 AM '69

Field Name Undesignated County Roosevelt State New Mexico
Operator Charles E. Read Address P.O. Box 2126, Roswell, New Mexico
660' FSL & FEL
Lease Name & No. Federal "B" #1 Survey Section 30-8S-36E

<u>Record of Inclination</u>	<u>Totco</u>
<u>Depth (feet)</u>	<u>Angle of Inclination (degree)</u>
825	$\frac{1}{2}^{\circ}$
1787	$1\frac{1}{4}^{\circ}$
2843	2°
3361	1°
3792	1°
4120	$\frac{1}{4}^{\circ}$
4668	1°
5023	1°
5300	$\frac{1}{2}^{\circ}$
5840	$\frac{1}{2}^{\circ}$
6273	$\frac{1}{2}^{\circ}$
6790	$3\frac{3}{4}^{\circ}$
7358	0°
8450	$1\frac{3}{4}^{\circ}$
8857	$2\frac{1}{4}^{\circ}$
8976	$2\frac{1}{4}^{\circ}$
9286	$2\frac{3}{4}^{\circ}$
9433	$2\frac{1}{2}^{\circ}$
9642	$2\frac{1}{4}^{\circ}$
9768	$2\frac{3}{4}^{\circ}$

Survey was taken in Open Hole

Certification of personal knowledge Inclination data:

I hereby certify that I have personal knowledge of the data and facts placed on this form, and that such information given above is true and complete.

Signature

CHARLES B. READ
Company

Sworn to and subscribed before me this 28th day of May, 1969.