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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

1. Operator Charles B. Read	
Address P.O. Box 2126, Roswell, New Mexico 88201	
Reasons for filing (Check proper box)	Other (Please explain)
New Well <input 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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE				
Lease Name Federal "C"	Well No. 1	Pool Name, including Formation Vada Penn Ext.	Kind of Lease NMN, Federal XXXXX	Lease No. NM-0556301
Location				
Unit Letter H	1980	Feet From The North	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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Mobil Pipeline Corp.	P.O. Box 900, Dallas, 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)					
Cities Service Oil Company	P.O. Box 300, Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 30	Twp. 8S	Rge. 36E	Is gas actually connected? Yes	When November 19, 1969

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 8/26/69	Date Compl. Ready to Prod. 10/1/69	Total Depth 9840'	P.B.T.D. 9820'
Elevations (OF, RKB, RT, CR, etc.) 4129.5' GL	Name of Producing Formation Bough "C"	Top Oil/Gas Pay 9778'	Tubing Depth 9726.71'
Perforations 2 1/2" JSPF @ 9754', 9760', 9761', 9762', 9763', 9764', 9765', 9766', 9768', 9769' & 9770'	Depth Casing Shoe 9840' RKB		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	12 3/4"	370' RKB	350
11"	8 5/8"	4082' RKB	300
7 7/8"	5 1/2"	9840' RKB	300

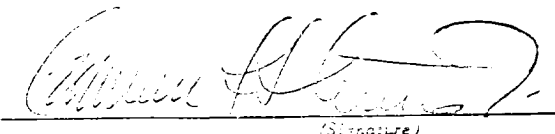
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing 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 (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
November 17, 1969
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Leshie A. Clements
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.
Form C-104 must be filed for each pool in multiple