

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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)	

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 West Allison (Undes.)	Kind of Lease NMMA Federal NMMA	Lease No. NM-055630
Location Vadmiterby Location K3553				
Unit Letter 'H' : 1980 Feet From The North Line and 660 Feet From The East				
Line of Section 30 Township 8S Range 36E, NMFM, 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)	
Admiral Crude Oil Corporation	P. O. Box 1713, Midland, Texas 79701	
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? No	
	When 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 8/26/69	Date Compl. Ready to Prod. 1 Oct 69		Total Depth 9840'		P.B.T.D. 9820'			
Elevations (DF, RKB, RT, GR, 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 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)

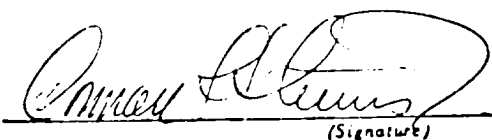
Date First New Oil Run To Tanks 10/1/69	Date of Test 10/1/69	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 225#	Casing Pressure Pkr	Choke Size 32/64"
Actual Prod. During Test 432	Oil-Bble. 360	Water-Bble. 72	Gas-MCF 686 MCF

GAS WELL

Actual Prod. Test-MCF/D -	Length of Test	Bble. 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)

October 1, 1969

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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 multiple completed wells.