

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

REQUEST FOR ALLOWABLE  
HOBBS AND  
OFFICE D. C. C.  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes O.C.C. Form 6-104  
Effective 1-1-65

JUN 3 12 32 AM '69

I. 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:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	This is a request for a June, 1969
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	allowable of 1350 barrels for testing
		Dry Gas	<input type="checkbox"/>	purposes.
		Condensate	<input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hobbs "Y"</u>	Well No. <u>1</u>	Prod. Name, Including Formation <u>Undesignated</u>	Kind of Lease State, <del>XXXXXXXXXX</del>	Lease No. <u>K-6659</u>
Location				
Unit Letter <u>J</u>	<u>1980</u> Feet From The	<u>South</u> Line and	<u>1980</u> Feet From The	<u>East</u>
Line of Section <u>29</u>	Township <u>12S</u>	Range <u>34E</u>	<u>NMPM,</u>	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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Admiral Crude Oil Corporation</u>	<u>P.O. Box 1713, Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>To be vented during testing operations</u>	
If well produces oil or liquids, give location of tanks.	Unit Ser. Twp. Rge. Is gas actually connected? When

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 Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RNB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING 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)

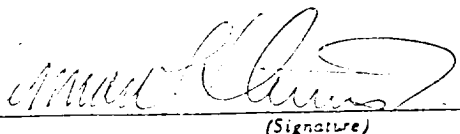
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

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.

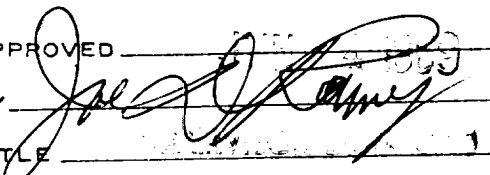
  
(Signature)

Agent

(Title)

June 2, 1969

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 on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner.