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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR (UN)ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED O. C. C.
JUN 12 11 32 AM '68

Form C-104
Supersedes Old C-104 and C-110
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 [X]; Recompletion [ ]; Change in Ownership [ ]; Change in Transporter of: Oil [ ], Dry Gas [ ], Casinghead Gas [ ], Condensate [ ]

Other *(Please explain)*:

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Guy Hooper Com	1	Scharb Bone Springs	State, Federal or Fee State	OG 2416

Location: Unit Letter K ; 1980 Feet From The South Line and 1967.13 Feet From The West

Line of Section 7 Township 19S Range 35E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
The Permian Corporation	P. O. Box 3119, Midland, Texas
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	7	19S	35E	No	

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.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4/12/68	6/1/68	10,223	10,190
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3892.2 GL	Scharb Bone Springs	10,142	10,083.95
Perforations W/2 shots @ 10,145', 10,149', 10,151', 10,153', 10,155' 10,161', 10,163', 10,165'			**Depth Casing Shoe** 10,223

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	12-3/4"	374 RKB	375 sx circ to surface
11"	8-5/8"	3,988 RKB	250 sx
7-7/8"	4-1/2"	10,223 RKB	200 sx
	2-3/8"	10,083.95	

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)*

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method *(Flow, pump, gas lift, etc.)*	
5/30/68	5/31/68	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs	0	0	0
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
150	150	0	97 MCFPD

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
-			
Testing Method *(pitot, 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.

C. B. Read
(Signature)

Operator
(Title)

6/10/68
(Date)

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, 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.