

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

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

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: |
| 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 Marathon-State-Com | Well No. 1 | Pool Name, Including Formation Scharb | Kind of Lease State, Federal or Free | Lease No. OG-2416 |
| Location | | | | |
| Unit Letter E, 1980 Feet From The North Line and 660 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation | Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119 Midland, Texas | | | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation | Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 Tulsa, Oklahoma | | | |
| If well produces oil or liquids, give location of tanks. | Unit E | Sec. 7 | Twp. 19S | Rge. 35E |
| | Is gas actually connected? | | When | |
| | No | | 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 | New Well <input checked="" type="checkbox"/> | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded 10-17-68 | Date Compl. Ready to Prod. 12-16-68 | Total Depth 10,200' | P.B.T.D. None | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3895.7' GL | Name of Producing Formation Scharb Bone Springs | Top Oil/Gas Pay 10,132' | Tubing Depth 10,015' | | | | | |
| Perforations 10,139.5', 10,145', 10,149.5', 10,152', 10,156' | | | Depth Casing Shoe 10,208' | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 15" | 12 3/4" | 373 RKB | 375 sx | | | | | |
| 11" | 8 5/8" | 3953 RKB | 250 sx | | | | | |
| 7 7/8" | 4 1/2" | 10,208 RKB | 200 sx | | | | | |
| | 2 3/8" & 2 7/8" | 10,015 | - | | | | | |

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)

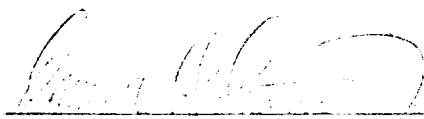
| | | | |
|---|--------------------------|--|--------------------|
| Date First New Oil Run To Tanks 12-16-68 | Date of Test 12-16-68 | Producing Method (Flow, pump, gas lift, etc.) Pumping | |
| Length of Test 24 hrs. | Tubing Pressure 0 | Casing Pressure 35# | Choke Size Open |
| Actual Prod. During Test 180 BF | Oil-Bbls. 180 | Water-Bbls. 0 | Gas-MCF TSTM |

GAS WELL

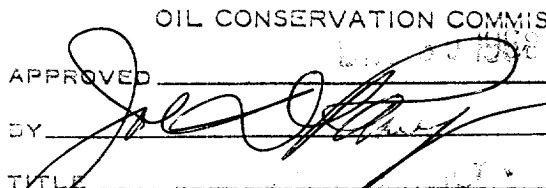
| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (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.


Agent
12-16-68
(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.