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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

Operator Charles B. Read		
Address P. O. Box 2126, Roswell, New Mexico 88201		
Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input checked="" type="checkbox"/>	THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.	
Recompletion <input type="checkbox"/>		
Change In Ownership <input type="checkbox"/>		
Change in Transporter of:		
Oil <input type="checkbox"/>	Dry Gas <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 Hooper "B"	Well No. 1	Pool Name, Including Formation Undesignated	Kind of Lease State, Federal or Fee	Lease No. OG-2416
Location Unit Letter M ; 801.4 Feet From The South Line and 791.17 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"/>	Address (Give address to which approved copy of this form is to be sent)					
Admiral Crude Oil Corp.	P. O. Box 1713, Midland, Texas 79701					
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)					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 7	Twp. 19S	Rge. 35E	Is gas actually connected? No	When Unknown

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 3/27/69	Date Compl. Ready to Prod. 5/22/70		Total Depth 10,270'		P.B.T.D. 5178'			
Elevations (DF, RKB, RT, GR, etc.) 3933.8 GL	Name of Producing Formation Penrose		Top Oil/Gas Pay 5019'		Tubing Depth 5001'			
Perforations 5018' - 5022' and 5168' - 5172'					Depth Casing Shoe 5387'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	12 3/4"		400 RKB		325			
11"	8 5/8"		3990 RKB		250			
7 7/8"	4 1/2"		10,270 RKB		200			
(cut 4 1/2" @ 9188', pulled 3802' of 4 1/2" & recemented @ 5387 RKB)								

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)

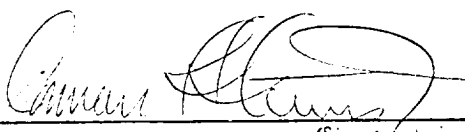
Date First New Oil Run To Tanks 5/22/70	Date of Test 5/22/70	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure Pkr.	Casing Pressure 25#	Choke Size Open 2 3/8"
Actual Prod. During Test 96	Oil-Bbls. 33	Water-Bbls. 63	Gas-MCF TSTM

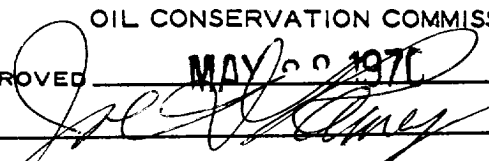
GAS WELL

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.


(Signature)
Agent
(Title)
5/25/70
(Date)

OIL CONSERVATION COMMISSION
APPROVED  MAY 20 1970, 19
BY
TITLE SUPERVISOR DISTRICT
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.