

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned ~~on completion of well~~ ^{on completion of well} Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

(Place) October 17, 1963 (Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Charles B. Read Crown, Well No. 1, in N.W. 1/4 NE 1/4,
(Company or Operator) (Lease)
D, Sec. A.1, T. 20S, R. 30E, NMPM., House Pool
Unit Letter

Lea

County. Date Spudded 9/9/63 Date Drilling Completed 10/2/63

Please indicate location:

Elevation 3543 OL Total Depth 7076 PBDT 7030'

Top Oil/Gas Pay 6971 Name of Prod. Form. Drinnard

PRODUCING INTERVAL -

Perforations 6971-7003

Open Hole None Depth 7064' Depth Casing Shoe 7064' Depth Tubing 6891

OIL WELL TEST -

Natural Prod. Test: None bbls. oil, bbls water in hrs, min. Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of Choke load oil used): 73 bbls. oil, 0 bbls water in 24 hrs, min. Size

GAS WELL TEST - Swabbing

Natural Prod. Test: MCF/Day; Hours flowed Choke Size

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment: MCF/Day; Hours flowed

Choke Size Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): 6000 Gals. 18% N. E.

Casing P.O. Tubing 130 # Date first new 10/6/63
Press. Press. oil run to tanks

Oil Transporter The Permian Corporation, Midland, Texas

Gas Transporter

Remarks:

See attachment for deviation surveys.

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved , 19

CHARLES B. READ

(Company or Operator)

By Charles B. Read OPERATOR

(Signature)

OPERATOR

Title

Send Communications regarding well to:

Charles B. Read

Name

Box 1622, Roswell, N. M.

Address

OIL CONSERVATION COMMISSION

By

Title