

**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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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**I. OPERATOR**  
Operator: **H. L. BROWN, JR.**  
Address: **P. O. Box 2237, Midland, Texas 79701**

Reason(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casinghead Gas  Condensate

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

**II. DESCRIPTION OF WELL AND LEASE**

R-5215

Lease Name <b>Federal "E"</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Bluitt (WC) Gas</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No.
Location Unit Letter <b>L</b> ; <b>2310</b> Feet From The <b>south</b> Line and <b>990</b> Feet From The <b>west</b>				
Line of Section <b>34</b> Township <b>7S</b> Range <b>37E</b> , NMPM, <b>Roosevelt</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>The Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1183, Houston, Texas 77001</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>The Transwestern Pipe Line Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 2521, Houston, Texas 77001</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>L</b>	Sec. <b>34</b>	Twp. <b>7S</b>	Rge. <b>37E</b>	Is gas actually connected? <b>Yes</b>	When <b>Feb. 9, 1976</b>

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.
		<b>XX</b>						
Date Spudded <b>8-30-75</b>	Date Compl. Ready to Prod. <b>11-25-75</b>	Total Depth <b>9032</b>		P.B.T.D. <b>8828</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>4045 GL</b>	Name of Producing Formation <b>Wolfcamp</b>	Top Oil/Gas Pay <b>8890</b>		Tubing Depth <b>8098</b>				
Perforations <b>-8890-8900 9032-9177</b>						Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>1 7/8"</b>	<b>12-3/4"</b>		<b>512'</b>		<b>500 SX</b>			
<b>1 1/2"</b>	<b>8-5/8"</b>		<b>3695'</b>		<b>650 SX</b>			
<b>7-7/8"</b>	<b>4-1/2"</b>		<b>9032'</b>		<b>600 SX</b>			
	<b>2-3/8" EUE</b>		<b>8098"</b>					

**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 <b>2/9/76</b>	Length of Test <b>24 hrs.</b>	Bbls. Condensate/MMCF <b>18</b>	Gravity of Condensate <b>67.8</b>
Testing Method (pilot, back pr.) <b>pipe taps</b>	Tubing Pressure (shut-in) <b>1963</b>	Casing Pressure (shut-in) <b>pkc</b>	Choke Size <b>12/64"</b>

**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.

*Jack R. McGraw*  
**Jack R. McGraw** (Signature)  
**Drilling & Production Mgr.** (Title)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY *[Signature]*  
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 allow-