

NO. OF COPIES RECEIVED	
INSTITUTION	
DATE FILED	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTED	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
 Superseded by OIL C-104 and C-11
 Effective 1-1-65

Operator
Llano, Inc.
 Address

P.O. Box 1320, Hobbs, New Mexico 88240

Reason for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/> Change in Transporter of: Recombination <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"/>	Change in Lease name only.

If change of ownership give name and address of previous owner

DESIGNATION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name				State, Federal or Free	
Brooks Federal		3	Salt Lake Yates	Federal	NM 0149957

Location
 Unit Letter **0** ; **660** Feet From The **South** Line and **1980** Feet From The **East**

Line of Section **7** Township **20S** Range **33E** , **NMPM, Lea** County

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)
Western Crude Oil Purchasing Company	P.O. Box 1142, 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)
None	

Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	7	20S	33E	No	

this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA									
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same tests	Diff. Tests	
	<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Conditions (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Observations	Depth Casing Shoe								

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of bond oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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
Test Prod. During Test	Oil-Bbls.	Water-Bbls.	Gca-MCF

Initial Test-MCF/D	Length of Test	Bbls. Condensate/MSMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

STATEMENT 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)
Manager of Operations and Construction
 February 5, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY *(Signature)*
Secretary

TITLE _____

This form is to be filed in compliance with RULE 1103.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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 re-completed wells.
 Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter or other such change of condition.