

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Brady W. Production Inc.	Well API No. 30-025-02408
Address P.O. Box 9128, Midland, Texas 79708	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Texaco Inc., P.O. Box 728, Hobbs, New Mexico 88240	

II. DESCRIPTION OF WELL AND LEASE

Lease Name K.F. Quail Federal	Well No. 1	Pool Name, Including Formation South Lea San Andres	Kind of Lease <del>State</del> Federal of <del>Tex</del>	Lease No. NM-0250
Location Unit Letter <u>L</u> : <u>2086</u> Feet From The <u>South</u> Line and <u>556</u> Feet From The <u>West</u> Line Section <u>1</u> Township <u>20S</u> Range <u>34E</u> , 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"/> Texaco Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 60628, Midland, Texas 79711-0628
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   Sec.   Twp.   Rge.   Is gas actually connected?   When ? L   1   20S   34E   No

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 XX	Gas Well	New Well	Workover XX	Deepen	Plug Back	Same Res'v	Diff Res'v XX
Date Spudded 11/1/61	Date Compl. Ready to Prod. 2/25/89	Total Depth 13,745'	P.B.T.D. 5845'					
Elevations (DF, RKB, RT, GR, etc.) 3675 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 5410'	Tubing Depth 5720'					
Perforations 5410-5693 @ 2 SPF (32 Int., 64 holes)			Depth Casing Shoe 7058'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8"	874'	600					
12 1/4	9 5/8"	5490'	3365					
8 3/4	7"	7058'	450					
8 3/4	2 7/8"	9721'	250					

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 Tank	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	Length of Test	Bbls. Condensate/M/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: W. H. Brady  
Printed Name: W. H. Brady Title: President  
Date: 1/3/90 Telephone No.: (915) 699-7367

OIL CONSERVATION DIVISION  
JAN 05 1990

Date Approved \_\_\_\_\_  
By \_\_\_\_\_ ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.