

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form O-104
Supersedes Old O-103 and O-111
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

STATE OF NEW MEXICO	
COUNTY	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator: Llano, Inc.
Address: P. O. Box 1320, Hobbs, New Mexico 88240

Reason(s) for filing (check proper box):
 New Well Change in Transporter of:
 Recombination Oil Dry Gas
 Change in Characteristics Casinghead Gas Condensate

Other (Please explain): **CASINGHEAD GAS MUST NOT BE FLARED AFTER 5/1/76 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED**

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name: <u>Brooks Federal</u>	Well No.: <u>7</u>	Pool Name, including Formation: <u>Salt Lake Yates</u>	Kind of Lease: <u>Federal</u>	Lease No.: <u>NM0149957</u>
Location: Unit Letter <u>B</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>2010</u> Feet From The <u>East</u> Line of Section <u>18</u> Township <u>20-S</u> Range <u>33-E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Western Crude Oil Purchasing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1142, Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>None</u>	Address (Give address to which approved copy of this form is to be sent) <u>----</u>
If well produces oil or liquids, give location of tanks.	Unit: <u>N</u> Sec.: <u>7</u> Twp.: <u>20S</u> Rge.: <u>33E</u> Is gas actually connected? <u>No</u> When: <u>---</u>

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

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"/>	Stim. Treat. <input type="checkbox"/>	Prod. Rest. <input type="checkbox"/>
Date Spudded: <u>11-18-75</u>	Date Compl. Ready to Prod.: <u>2-27-76</u>	Total Depth: <u>3034'</u>	P.B.T.D.: <u>3031'</u>					
Elevations (DF, RKB, RT, GR, etc.): <u>3511.4GL</u>	Name of Producing Formation: <u>Yates</u>	Top Oil/Gas Pay: <u>2793</u>	Testing Depth: <u>3024'</u>					
Perforations <u>3010-3014, 3018-3022, 3026-3030 w/2 JSPF plus one shot extra at bottom of each 4' interval</u>			Depth Casing Shoe: <u>3034</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/2"</u>	<u>10-3/4" OD</u>	<u>1200'</u>	<u>500 SX lite wate</u>
<u>8-3/4"</u>	<u>7" OD</u>	<u>2707'</u>	<u>300 SX lite wate + 200 SX "C"</u>
<u>6 1/2"</u>	<u>4 1/2" OD liner</u>	<u>top 2608 Btm 3034</u>	<u>75 SX class "C"</u>

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lost 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: <u>2-27-76</u>	Date of Test: <u>3-1-76</u>	Producing Method (Flow, pump, gas lift, etc.): <u>pump</u>
Length of Test: <u>24</u>	Tubing Pressure: <u>---</u>	Casing Pressure: <u>open</u>
Actual Prod. During Test: <u>56</u>	Oil-Bbls.: <u>26</u>	Water-Bbls.: <u>30</u>
		Gas-MCF: <u>TSTM</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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 Moody, Mr. Jack Moody
Manager of Operations and Construction
March 3, 1976

OIL CONSERVATION COMMISSION
APPROVED John W. Runyan, 19
BY
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 calculation of the deviation tests taken on the well in accordance with RULE 111.
All wells that are to be drilled or deepened for oil or gas shall be drilled and completed in accordance with the rules.
Fill out only Sections I, II, III, and IV for changes of owner, well name or number, or transporter, or other such change of conditions.