

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTATION	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATION	
PRODUCTION OFFICE	

**I. OPERATOR**  
Brazos Petroleum Company

**Address**  
P.O. Box 1782 - Midland, Texas 79702

**Reason(s) for filing (Check proper box)**

New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <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"/>

Other (Please explain) \_\_\_\_\_

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

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Ferderber Fed. Com	Well No. 2	Pool Name, including Formation Sawyer (San Andres)	Kind of Lease State, Federal or Fee Federal	Lease No. NM 28
Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>7</u> Township <u>9-S</u> Range <u>38-E</u> . NMPM, <u>Lea</u> Co				

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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation Permian (Eff. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 - Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 - Tulsa, Ok. 74102
If well produces oil or liquids, give location of tanks. Unit: <u>0</u> Sec. <u>7</u> Twp. <u>9-S</u> Rge. <u>38-E</u>	Is gas actually connected? <u>No</u> When <u>Estimate 1 week</u>

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Some Rest. <input type="checkbox"/>	Dist. <input type="checkbox"/>
Date Spudded 6-6-81	Date Compl. Ready to Prod. 9-1-81		Total Depth 5100		P.B.T.D. 5073			
Elevations (DF, RKB, RT, GR, etc.) 3966.7 GR	Name of Producing Formation San Andres		Top Oil/Gas Pay 4855		Tubing Depth 4794			
Perforations 4855' - 4950'					Depth Casing Shoe 5100			

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8 24# Casing	435'	250
7 7/8	4 1/2 10.5# Casing	5100'	1100

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of lead oil and must be equal to or exceed testable 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 325	Length of Test 24 Hrs.	Bbls. Condensate/MCF 3	Gravity of Condensate 26 @ 60 deg.
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-10) 150	Casing Pressure (Shot-10) 610	Choke Size 48/64"

**VI. 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.

Andrew A. [Signature]  
(Signature)  
Production Clerk  
Sept. 10, 1981  
(Date)

**OIL CONSERVATION DIVISION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Jerry [Signature]  
Dist. [Signature]  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 110. If this is a request for allowable for a newly drilled or old well, this form must be accompanied by a tabulation of the tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of a complete Form C-104 must be filed for each pool in