

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

TO BE COMPLETED BY OPERATOR	
DISTRIBUTION	
SANTA FE	
FILE	
USE	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR
Brazos Petroleum Company

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

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Re-completion Oil Dry Gas
 Change in Ownership Costinghead Gas Condensate

Other (Please explain)
Connection of Warren Gas Line

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Coastal State	Well No. 1	Pool Name, Including Formation Sawyer (San Andres)	Kind of Lease State, Federal or Fee State	Lease No. G-950
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>32</u> Township <u>9-S</u> Range <u>38-E</u> , NMPM, <u>Lea</u> 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"/> The Permian Corporation	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 Costinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input 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>D</u> Sec. <u>32</u> Twp. <u>9-S</u> Rge. <u>38-E</u> Is gas actually connected? <u>Yes</u> When <u>February 12, 1982</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 checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Holes <input type="checkbox"/>	Other <input type="checkbox"/>
Date Spudded 8-30-81	Date Compl. Ready to Prod. 11-18-81	Total Depth 5022'	P.B.T.D. 4998'					
Elevations (DF, RKB, RT, GR, etc.) 3931.9 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4917'	Tubing Depth 4906'					
Perforations 4917' - 4979' 17 Holes			Depth Casing Shoe 5022'					

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	425'	300 SX.
7 7/8"	4 1/2"	5022'	1100 sx.

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 11-18-81	Date of Test 11-30-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size 2"
Actual Prod. During Test	Oil - Bbls. 6	Water - Bbls. 44	Gas - MCF 64

GAS WELL

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

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.

Candy Carr
(Signature)
Production Secretary
(Title)
March 10, 1982
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 15 1982, 19____

ORIGINAL SIGNED BY
BY JERRY SEXTON
DISTRICT SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 111.
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 all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ownership name or number, or transporter or other such change of conditions. Separate Forms C-104 must be filed for each pool in multi-