

NEW YORK OFFICE OF THE NATIONAL COMMISSION
TO INVESTIGATE THE KKK

Form C-104
Supersedes Old C-10 and C-10
Effective 4-1-65

OIL CON. COM.
DIST. 3

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Operator		Lubbock Oil and Gas Company	
Address		Boxer 570, Farmington, New Mexico	
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐ Dry Gas ☐
Change in Ownership	☐	Casinghead Gas	☐ Condensate ☐

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

Lease Name Brown		Well No. 1	Pool Name, Including Formation Alamosa Member, J10	Kind of Lease State, Federal or Fee Fee	Lease No.
Location T10N R10E S14E 1650 Feet From The South Line on 340 Feet From The East					
Range 10N	Township 10N	Range 10E	Section 34	County San Juan	State NM, NM, NM

Name of Authorized Transporter of Oil ☐ or Condensate ☐					Residence (Give address to which approved copy of this form is to be sent)	
Blutson					Box 108, Farmington, New Mexico	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐					Address (Give address to which approved copy of this form is to be sent)	
Southern Union Gathering					Box 306, Bloomfield, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Trp.	Rps.	Is practically connected?	When

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

Designate Type of Completion - (X)		Oil Well	Gas Well	Refr. Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
			X		X				
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
10-24-60	11-12-60		5150			5100			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
6164 DF	McSaverds		4956			4987			
Perforations						Depth Casing Shoe			
4958-82, 4986-96, 5003-12, 5024-42, 2 SPW						5100			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
4-3/4"	3 1/2"			5100			75 SX		
	1 1/2"			4987					

Start Time: Flow ON from 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

Length of Test	Grav. Condensate/100CF	Gravity of Condensate
2 1/2 hr	1.0	50.0
4 1/2 hr	1.0	50.0
6 1/2 hr	1.0	50.0
8 1/2 hr	1.0	50.0
10 1/2 hr	1.0	50.0
12 1/2 hr	1.0	50.0
14 1/2 hr	1.0	50.0
16 1/2 hr	1.0	50.0
18 1/2 hr	1.0	50.0
20 1/2 hr	1.0	50.0
22 1/2 hr	1.0	50.0
24 1/2 hr	1.0	50.0
26 1/2 hr	1.0	50.0
28 1/2 hr	1.0	50.0
30 1/2 hr	1.0	50.0
32 1/2 hr	1.0	50.0
34 1/2 hr	1.0	50.0
36 1/2 hr	1.0	50.0
38 1/2 hr	1.0	50.0
40 1/2 hr	1.0	50.0
42 1/2 hr	1.0	50.0
44 1/2 hr	1.0	50.0
46 1/2 hr	1.0	50.0
48 1/2 hr	1.0	50.0
50 1/2 hr	1.0	50.0
52 1/2 hr	1.0	50.0
54 1/2 hr	1.0	50.0
56 1/2 hr	1.0	50.0
58 1/2 hr	1.0	50.0
60 1/2 hr	1.0	50.0
62 1/2 hr	1.0	50.0
64 1/2 hr	1.0	50.0
66 1/2 hr	1.0	50.0
68 1/2 hr	1.0	50.0
70 1/2 hr	1.0	50.0
72 1/2 hr	1.0	50.0
74 1/2 hr	1.0	50.0
76 1/2 hr	1.0	50.0
78 1/2 hr	1.0	50.0
80 1/2 hr	1.0	50.0
82 1/2 hr	1.0	50.0
84 1/2 hr	1.0	50.0
86 1/2 hr	1.0	50.0
88 1/2 hr	1.0	50.0
90 1/2 hr	1.0	50.0
92 1/2 hr	1.0	50.0
94 1/2 hr	1.0	50.0
96 1/2 hr	1.0	50.0
98 1/2 hr	1.0	50.0
100 1/2 hr	1.0	50.0

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SUPERVISOR DIST. #3

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 tabulation of the deviation taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.