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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
En. 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator H. L. BROWN, Jr.	Well API No. 30-041-20871
Address P O Box 2237, Midland, Texas 79702-2237	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Other (Please explain) (test) Oil recovered during testing. 1000 bbs. Nov 1993	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "27"	Well No. 2	Pool Name, Including Formation North Bluitt/Siluro-Devonian	Kind of Lease State, Federal or Fee Federal	Lease No. NM-54449
Location Unit Letter L : 330 Feet From The West Line and 2590 Feet From The South Line Section 27 Township 07S Range 37E, NMPM, Roosevelt County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Scurlock-Permian Corp	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P O Box 4648, Houston, TX 77210-4648				
Name of Authorized Transporter of Casinghead Gas Transwestern Pipeline	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P O Box 1188, Houston, TX 77251				
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 27	Twp. 7S	Rge. 37E	Is gas actually connected? No	When ?

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 XXX	Gas Well	New Well XXX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 9/27/93	Date Compl. Ready to Prod.		Total Depth 9035'		P.B.T.D. 8920'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Siluro-Devonian		Top Oil/Gas Pay 8649'		Tubing Depth 8478'			
Perforations 8834-42, 52-54, 62-65, 8926-33' SQZ'D					Depth Casing Shoe 9035'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8" 54.5# Csg		579'		500 sx Class "C"			
11"	8 5/8" 32 # Csg		3902'		1525 SX Class "C"			
7 7/8"	5 1/2 17 & 20# Csg		9035'		760 SX Class "H"			

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 11/12/93	Date of Test 11/24/93	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test Still Testing	Tubing Pressure 100 psig	Casing Pressure 0 psig	Choke Size 20/64"
Actual Prod. During Test 595	Oil - Bbls. 1000	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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 John Gray
Engineer
Printed Name John Gray Title
Date 11-24-93 Telephone No. 915 683-5216

OIL CONSERVATION DIVISION

Date Approved Jan 03 1994
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title

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

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