

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

RECEIVED

JAN 04 '89

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
ARTESIA, OFFICE

Operator H. L. Brown, Jr.		WELL API NUMBER 30-015-23098
Address P. O. Box 2237, Midland, Texas 79702		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	
Recompletion <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		
If change of ownership give name and address of previous owner		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "8"	Well No. 1	Pool Name, including Formation Wildcat (Cherry Canyon)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-38458
Location Unit Letter E ; 1980 Feet From The North Line and 660 Feet From The West Line of Section 8 Township 21-S Range 27-E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Permian	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 type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1320, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 8	Twp. 21-S	Rge. 27-E	Is gas actually connected? Yes	When 12-15-88

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X				X		X
Date Spudded 12-29-79	Date Compl. Ready to Prod. 12-13-88	Total Depth 11,675'	P.B.T.D. 3,858'					
Elevations (DF, RKB, RT, GR, etc.) 3220.6' GR	Name of Producing Formation Cherry Canyon	Top Oil/Gas Pay 3532'	Tubing Depth 3,459'					
Perforations 3532'-3554'	Depth Casing Shoe 11,675'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2"	12 3/4"	600'	1115	sx Total (Circ to Surf)				
11"	8 5/8"	2800'	1495	sx Total (Circ to Surf)				
7 7/8"	5 1/2"	11675'	875	sx + 315 sx squeezed				
	2 3/8"	3459'						

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.) Part TD-2 1-20-88 comp & BK	
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 1240	Length of Test 1 hour	Bbls. Condensate/MMCF 1	Gravity of Condensate 29
Testing Method (spiral, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1425	Casing Pressure (Shut-in) Packer	Choke Size 12/64"

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.

Ron Divine  
(Signature)  
Ron Divine - Production Engineer  
(Title)  
January 3, 1989  
(Date)

OIL CONSERVATION DIVISION  
APPROVED JAN 17 1989, 19  
BY Original Signed 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 tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable 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.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.