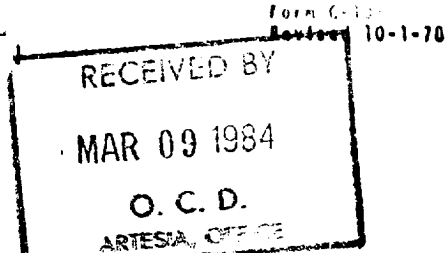


OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
REGISTRATION OFFICE	

Operator El Paso Exploration Company ✓
Address 1800 Wilco Building Midland, Texas 79701

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER _____ UNLESS AN EXCEPTION FROM THE B. L. M. IS OBTAINED
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
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 ownership give name and address of previous owner El Paso Natural Gas Company ✓

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Brushy Federal</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Brushy Draw/Cherry Canyon</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>USNM 13997</u>
Location Unit Letter <u>C</u> : <u>330</u> Feet From The <u>North</u> Line and <u>1750</u> Feet From The <u>West</u> Line of Section <u>35</u> Township <u>26S</u> Range <u>29E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Drawer 159 Artesia, N.M. 88210</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 90 Maljamar, N.M. 88264</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>C</u> Sec. <u>35</u> Twp. <u>26S</u> Rge. <u>29E</u>	Is gas actually connected? <u>No</u> When <u>Pending April 1, 1984</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded <u>12-16-83</u>	Date Compl. Ready to Prod. <u>1-21-84</u>	Total Depth <u>6000'</u>	P.B.T.D. <u>5947'</u>
Elevations (DF, RKB, RT, GR, etc.) <u>2862' GR</u>	Name of Producing Formation <u>Cherry Canyon</u>	Top Oil/Gas Pay <u>4984'</u>	Tubing Depth <u>5092'</u>
Perforations <u>4984-5039</u>			Depth Casing Shoe <u>5991'</u>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>320'</u>	<u>360 SX</u>
<u>12 1/4"</u>	<u>9 5/8"</u>	<u>2914'</u>	<u>1100 SX</u>
<u>7 7/8"</u>	<u>4 1/2"</u>	<u>5991'</u>	<u>500 SX</u>
	<u>2 3/8"</u>	<u>5092'</u>	

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 <u>1-21-84</u>	Date of Test <u>2-21-84</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs</u>	Tubing Pressure <u>Pump</u>	Casing Pressure <u>50 psig</u>	Choke Size <u>--</u>
Actual Prod. During Test <u>287 Bbls.</u>	Oil-Bbls. <u>112 Bbls.</u>	Water-Bbls. <u>175 Bbls.</u>	Gas-MCF <u>75 Mcf</u>

Post ID-2
3-23-84
Comp B14

GAS WELL

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

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.

Charles J. Piffner
(Signature)

Production Engineer

3-7-84

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 20 1984

Original Signed By
Leslie A. Clements

TITLE Supervisor District II

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.