

**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROVATION OFFICE	

I. OPERATOR

Operator: JOE E. BROWN

Address: BOX 543 LOVINGTON, NEW MEXICO 88260

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter or	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/> Condensate <input type="checkbox"/>

Other (Please explain): _____

If change of ownership give name and address of previous owner: APOLLO OIL COMPANY BOX 1737 HOBBS, NEW MEXICO 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.			
<u>FARRELL FEDERAL</u>	<u>7</u>	<u>CHAVEROO - SAN ANDRES</u>	State, Federal or Fee <u>FEDERAL</u>	<u>0108997-A</u>			
Location	Unit Letter	Year	Feet From The	Line and	Year	Feet From The	County
	<u>J</u>	<u>1980</u>	<u>S</u>	<u>1980</u>	<u>E</u>	<u>ROOSEVELT</u>	
Line of Section	<u>28</u>	Township	<u>7-S</u>	Range	<u>33-E</u>	NMPM,	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"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>NAVAJO REFINING COMPANY</u>	<u>BOX 175 ARTESIA, NEW MEXICO 88210</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>CITIES SERVICE COMPANY</u>	<u>BOX 300 TULSA, OKLAHOMA 74102</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	<u>J</u>	<u>28</u>	<u>7-S</u>	<u>33E</u>	<u>YES</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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

HOLES, CASINGS, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Test must be upon recovery of total volume of load oil and must be equal to or exceed top allowable rate 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.)	
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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Joe E. Brown
(Signature)
Operator
(Title)
2-5-81
(Date)

OIL CONSERVATION COMMISSION
FEB 9 1981

APPROVED _____, 19____

BY Jerry Sexton
TITLE Dist. 1. Supv.

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 1101.
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