

COPIES OF RECEIVED	✓
DISTRIBUTION	
STATE	✓
FEDERAL	✓
LAND OFFICE	
TRANSPORTER	OIL ✓
	GAS
ILLATOR	3
ATION OFFICE	

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

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

RECEIVED

JAN 10 1966

O. C. B.
ARTEBIA, OFFICE

Mercury Production Company

1522 Fort Worth National Bank Building, Fort Worth, Texas 76102

Check proper box

Other (Please explain)

Change in Transporter of:	
Oil	
Casinghead Gas	
Dry Gas	
Condensate	

If change in ownership give name and address of previous owner J. W. Brown, Hickson Hotel, Roswell, New Mexico

SECTION OF WELL AND LEASE

Well No. Pool Name, including Formation

Kind of Lease

Kelly State

1

Brown Queen-Grayburg

State, Federal or Fee State

Section B 990 Feet From The North Line and 2310 Feet From The East

Range 26 Township 10S Range 26E NMPM Chaves County

SECTION OF TRANSPORTER OF OIL AND NATURAL GAS

Transporter of Oil or Condensate

Address (Give address to which approved copy of this form is to be sent)

McMood Corporation

Petroleum Building, Abilene, Texas

Transporter of Casinghead Gas or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

Not connected

Is gas actually connected?	When
No	-

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

SECTION OF DATA

Indicate Type of Completion - (X)

Oil Well Gas Well New Well Workover Deepen Plug Back Same Res't. Diff. Res't.

Date Compl. Ready to Prod.

Total Depth

P.S.T.D.

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

PIPE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

SECTION OF DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)

Oil Run To Tanks

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Tubing Pressure

Casing Pressure

Choke Size

Oil - Bbls.

Water - Bbls.

Gas - MCF

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Tubing Pressure

Casing Pressure

Choke Size

SECTION OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.

C. W. Stumpeff

(Signature)

Manager of Operations

(Title)

January 6, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 10 1966

BY M. J. Armstrong

TITLE OIL AND GAS INSPECTOR

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

Supersedes Form O-104 and O-110.