## NEW .EXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE EIVE Diew Well REPORTED

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this forth is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

E ARE H	EREBY R	EQUESTI	ING AN ALLOWAE		(Place) VELL KNOWN AS	:	(Dat	e)
<b>J.</b> W.	. Brown	1	State 1	<b>E-</b> 92	Well No7	, in <b>A</b>	W	
(Con	npany or Op	(rotaro		(Lease)				
Unit Lett	, Sec	<u> </u>	, <b>T10 S</b> , R.		МРМ.,			Pool
Char	ves Cou	inty	County. Date Spi	udded March	1 1. 1960ate Dr	illing Comple	eted March	15, 19
	indicate		Elevation	3736*	Total Depth	800*	PBTD	
	ЗВ		Top Oil/Gas Pay	750+	Name of Prod. Fo	·rm	Penrose	
	B		PRODUCING INTERVAL	L -				
			Perforations	144 ho	les from 750	to 785		
E I	r a G	H			Depth Casing Shoe <b>E</b>		Depth Tubing 73	0
			OIL WELL TEST -					
LH	C J	I		20	.oil,bbls			Choke
								_
X M					ment (after recovery	_	' CH	oke
	Ĭ		load oil used):	20 bbls.oil	, <u>4</u> bbls wate	r in <u>24</u> h	rs,min. Si	ze
			GAS WELL TEST -					
<u> </u>	<u>, i z</u>		- Natural Prod. Test	ta None	MC°/Day; Hours f	lowed	_Choke Size	
bing ,Casi	ng and Cem	enting Recor	rd Method of Testing	(pitot, back pr	essure, etc.):			
Sire	Feet	Sax	Test After Acid on	r Fracture Treat	ment:	MCF/Day	; Hours flowed	
5-1/2	800	100			ting:			
					amounts of materials			
			sand); OU DDJ Casing women T	ubing	Crude oil 75 Date first new	BROKE		
			Press. HORE P	Press. MORIE	Date first new oil run to tanks	une 1,	1960	
			Oil Transporter	lewood Cor	p. Abilene.	Texas		
		L	Gas Transporter					
marks :			s to be pumpe			recove	<b>r</b>	••••
	frac o	il and	settle down	to pump a	teadily.			•••••
	•••••						•••••••••••••••••••••••••••••••••••••••	•••••
I hereby	certify th	at the info	ormation given above	e is true and co	mplete to the best of	my knowled	lg <del>e</del> .	
			160		J. W. Br	own	· · · · · · · · · · · · · · · · · · ·	•••••
-					(Comp	any or Opera	tor)	_
OIL	. CONSEI	RVATION	COMMISSION	Byc	for the first of the	hol.	1=26	
か	10	$\neq$	2		~	(Signature)		
;	Lliz	mstru	<u>ENG</u>	Title	Send Communi	wner cations regal	rding well to:	<u>_</u>
le	$M_{i}^{2} = M_{i}$	ga Della -	7					12
••••••••••••••			******	Nan	J. W.	Brown		

Addres Mickson, Hotel, Foswell, New Mexico

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NEW MEXICO OIL COMSERVATION SANTA FE, NEW MEMI (File the original and 4 copies with the appro	CO Revised 7/ RECEIN	1/55
CERTIFICATE OF COMPLIANCE ANI TO TRANSPORT OIL AND NATI	JUN 2 3 1 AUTHORIZATION	
Company or Operator J. W. BROWN	Lease State B-	92
Well No. 7 Unit Letter 0 5 26 T 105 R 2	GE Pool Brown	****
County Chaves Kind of Lease (State, If well produces oil or condensate, give location of ta Authorized Transporter of Oil or Condensate <b>Newo</b>	nks:Unit <b>#</b> D S <b>26</b> T <b>108</b>	R <b>26E</b>
Address <b>Petroleum Building,</b> (Give address to which approved copy of		Réferation van a collection data plantet dat
Authorized Transporter of Gas None Address (Give address to which approved copy of If Gas is not being sold, give reasons and also explai		
None		
Reasons for Filing:(Please check proper box) Nev	Well	XX)
Change in Transporter of (Check One): Oil ( ) Ory (	as () C'head () Condens	ate ( )
Change in Ownership () Other		()
Remarks:	Give explanation below	)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

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Executed this	the 23rd day of June	}	1960	
			By_ (main	to Number
Approved	JUN 2 3 1960	19	Title Agent	
oir co	NSERVATION COMMIS	SION	Company J. W	. Brown
By ML	armistrano		Add ess Nick	son Hotel
Title	P AAS ATSPECTON		Rosw	ell, New Mexico

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