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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104
Supersedes OIL C-103 and C-111
Effective 1-1-65

Operator Maurice L. Brown Company	
Address 1500 Vickers, KSB&T Building, Wichita, Kansas 67202	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Re-completion ☐	Change in Operator
Change in Ownership ☐	Change in Lease ☐

If change of ownership give name and address of previous operator: Minerals, Inc., P. O. Box 1320, Hobbs, New Mexico 88240

DESIGNATION OF WELL AND LEASE				
Lease Name Lane "B" 674 LTD.	Well No. 3	Pool Name, including Formation VADA PENN. (Bough)	Kind of Lease State, Federal or Free State	Lease No. K-5776-1
Location Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West				
Line of Section 1 Township 10 South Range 33 East , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil ☐ or Condensate ☐		Address (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?		When		

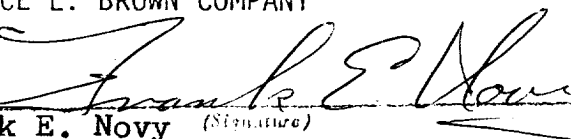
If this production is commingled with that from any other lease or pool, give commingling order number:

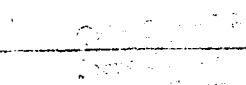
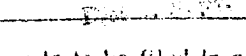
COMPLETION DATA							
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't, Prod. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations		Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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.)	
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/MSCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. 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.	
MAURICE L. BROWN COMPANY	
By: 	Frank E. Novy (Signature)
Manager, Production & Exploration (Title)	
March 8, 1976 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED _____, 1976	
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 recommended by a tubulation of the drilled or deepened well in accordance with RULE 111.	
All sections of this form must be filled out completely for allowable even if not recommended.	
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporting or other such change of condition.	