1	NO. OF COPIES RECEIVED			
	DISTRIBUTION	NEW MEXICO OIL CO	INSERVATION COMMISS	Form C-104
	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-11
	FILE		AND	Effective 1-1-55
	LAND OFFICE	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS
	TRANSPORTER OIL GAS			
	OPERATOR PRORATION OFFICE			
	Operator The Maurice I Brown Company			
	Address P. O. Box 11320 Kansas City, Missouri 64112			
	P. O. Box 11320 Kansas City, Missouri 64112 Reoson(s) for filing (Check proper box) Other (Please explain)			
	New Well	Change in Transporter of:		
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens		
	If change of ownership give name		04 S. Pecos Midland, T	exas 79701
	and address of previous owner	· · · · · · · · · · · · · · · · · · ·	or de recos marana, r	exas 79701
H.	DESCRIPTION OF WELL AND I	Vell No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.
	Hutch 7101 JV-D	1 Vada-Penn	* State, Federal	or Fee Fee
	Location	0 Feet From The North Line	and 660 Feet From T	he West
	10	wiship 9-S Range 34		
7.91		TER OF OIL AND NATURAL GAS		
121.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	
	Mobil Oil Corp. (truc		Box 900, Dallas, Texa Address (Give address to which approv	
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas/	Address (Give Baaress to Which approv	ea copy of this form is to be sent
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	
	give location of tanks.	D 10 9-S 34-E	Yes	approx. 4-15-71
HV.	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool, g		Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
		Name of Producing Formation	Top C‼/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Nume of Froducing Formation		
	Perforations Depth Casing Shoe			
		TUBING, CASING, AND		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
				······
		OD ALLOWARLE (Test must be of	l	i and must be equal to or exceed top allow
۷.	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 allow able for this depth or be for full 24 hours) OIL WELL IDate of Test IProducing Method (Flow, pump, gas lift, etc.)			
	Date First New Oll Run To Tanks	Date of Test	Producinę Method (r tod, pump, gas to	.,,
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbla.	Water-Bbls.	Gas-MCF
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC)?	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
274		CF	OIL CONSERVA	TION COMMISSION
VX.	. 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.		APPROVED	
	THE MAURICE L. BROWN COMPANY		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 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 allow- able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner.	
	(, (Signature) Melvin J. Kleban			
	Administrator			
	(Title)			
	May 6, 1975 (Date)		I wall name of number, of transport	t be filed for each pool in multiply
			Separate Forma C-104 mus	

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(19**15**) 1975

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