DISTRIBUTION ANTA FE JILE U.S.G.S. LAND OFFICE IRANSPORTER GAS	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65
OPERATOR PRORATION OFFICE			
Operator THE MAURICE	L. BROWN COMP	ANY	
POBOX 11320	KANSAS CI	FY MO 64112	
Reason(s) for filing (Check proper box) New We!1	Change in Transporter of:	Other (Please explain)	
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Conden		
If change of ownership give name and address of previous owner	ENNECO OIL COM	PANY; PO BOX 10	D31, MIDLAND, TX.
I. DESCRIPTION OF WELL AND I	EASE		· · · · · · · · · · · · · · · · · · ·
Lease Name MERRILL	Well No. Pool Name, Including Fo		
Location Unit Letter 14 : 199	30 Feet From The NORTH Lin	e and Feet From 1	The EAST
		36E , NMPM, LEA	County
I. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of CII MOBIL PIPE LINE	ar Condensate	Address (Give address to which approv POBOX 900 PA	ed copy of this form is to be sent) LLAS TX
Name of Authorized Transporter of Cas (1) ARREN PETROLE	inghad Gas ar Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent) (LSA OK
If well produces oil or liquids, aive location of tanks.	Unit Sec. Twp. Pge. $H = 10 - 95 - 36E$	Is gas actually connected? Whe YES	
If this production is commingled wit			· · · · · · · · · · · · · · · · · · ·
7. COMPLETION DATA Designate Type of Completio	Oil Well Gas Well	New Weil Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
Perforations		L	Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			i
/. TEST DATA AND REQUEST F(OIL WELL Date First New Oil Run To Tanks		pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	and must be equal to or exceed top allow.
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Teet	Oll-Bbis.	Water - Ebis.	Gas - MCF
) 		
GAS WELL	Length of Test	Bbis. Condensate/MMCF	Gravity of Condenacte
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
I. CERTIFICATE OF COMPLIANCE		APPROVED	
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. <u>Abomas</u> <u>(Signature)</u> <u>ADMINISTRATIVE ASSISTANT</u> <u>(Title)</u> <u>11-4-76</u>		Ocig. Signed By	
		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 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.	
(De		well name or number, or transport	er, or other such change of condition. t be filed for each pool in multiply

RECEIVED 1975 OIL CONSIGNATION CONTRA-HOBBS, N. M.

C 1 OCKETTICAT - V COMM. HUBBS, N. M.