

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Kerr-McGee Corporation Well API No. \_\_\_\_\_

Address One Marienfeld Place, Suite 200, Midland, TX 79701

Reason(s) for Filing (Check proper box)  Other (Please explain)  
New Well  Change in Transporter of:  Flag-Redfern Oil Co. was merged into  
Recompletion  Oil  Dry Gas  Kerr-McGee Corp. on 6/30/89  
Change in Operator  Casinghead Gas  Condensate

If change of operator give name and address of previous operator Flag-Redfern Oil Co., P.O. Box 11050, Midland, TX 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name Brown 35 Well No. 1 Pool Name, including Formation Sawyer (San Andres) (Gas) Kind of Lease Fed Lease No. \_\_\_\_\_  
Location Unit Letter P 660 Feet From The South Line and 660 Feet From The East Line  
Section 13 Township 9S Range 37E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate  Lantern Petroleum Company Address (Give address to which approved copy of this form is to be sent) P. O. Box 2281, Midland, TX 79702  
Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Cities Service Oil Company Oxy. & Gas Inc. Address (Give address to which approved copy of this form is to be sent) P. O. Box 300, Tulsa, OK 74102  
If well produces oil or liquids, give location of tanks. Unit P Sec. 13 Twp. 9S Rge. 37E Is gas actually connected? Yes When? NA

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	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.		
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

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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 Tank	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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Signature Ivan D. Geddie  
Printed Name Ivan D. Geddie Mgr., Cons. & Unit.  
Title  
Date As of June 30, 1989 Telephone No. 405/270-2124

OIL CONSERVATION DIVISION

Date Approved AUG 8 1989  
ORIGINAL SIGNED BY JERRY SEXTON  
By \_\_\_\_\_ DISTRICT I SUPERVISOR

Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.