NO. OF COPIES RECI	CIVED	
DISTRIBUTIO	N	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
I RANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OF	ICE.	
Operator		

IV

## NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110			
	FILE		AND	Effective 1-1-65			
}	U.S.G.S.	AUTHORIZATION TO TR	PANSPORT OIL AND NATURAL G	AS			
}	LAND OFFICE						
l	TRANSPORTER GAS						
	OPERATOR						
	PRORATION OFFICE						
•	Operator						
	TOM BROWN, INC	•					
		, Midland, Texas 7970	12				
	Reason(s) for filing (Check prope	box)	Other (Please explain)				
	New Well	Change in Transporter of:					
	Recompletion	OII XX Dry	<b>= :</b>				
	Change in Ownership	Casinghead Gas Cond	ensate				
	If change of ownership give na and address of previous owner						
II.	DESCRIPTION OF WELL A	ND LEASE					
	Lease Name 28	Well No. Pool Name, Including	Ţ.	-			
	Warren, State Z	<u>l North Bagl</u>	ey Penn State, Federal	State K-3710			
	Location	660 Feet From The N L	ine and 660 Feet From T	he E			
	Unit Letter A ;	OOO Feet From The IV	ine did rest From 1				
	Line of Section 28	Township 11-S Range	33-E , NMPM, Lea	County			
	DECICNATION OF TRANSF	ORTER OF OIL AND NATURAL G		•			
111.	Name of Authorized Transporter of	f Oil XX or Condensate	Address (Give address to which approx	ed copy of this form is to be sent)			
	Amoco Pine Lin	Company if Casinghead Gas XX or Dry Gas	P 0 Box 591 Tule Address (Give address to which approv	a, Oklahoma 74102			
	Warren Petrole	Unit Sec. Twp. Rge.	P. O. Box 1589, Tu				
	If well produces oil or liquids, give location of tanks.	A 28 11-S 33-	-E yes				
	If this production is commingle	d with that from any other lease or poo					
	COMPLETION DATA			Plug Back   Same Resty. Diff. Resty.			
	Designate Type of Comp	letion - (X)	New Well Workover Deepen	Find Back Same New V. Bitte New V.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, e	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
Perforations							
		TUBING, CASING, A	ND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
V.	TEST DATA AND REQUES	T FOR ALLOWABLE (Test must be	after recovery of total volume of load oil	and must be equal to or exceed top allow			
	OIL WELL Date First New Oil Run To Tank	able for this	depth or be for full 24 hours)  Producing Method (Flow, pump, gas li				
	Date First New Oil Mun 10 1 ank	B Date of 1981					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bhis.	Water - Bbis.	Gas-MCF			
	Actual Prod. During 1460	C.1-22.2.					
	I						
	GAS WELL	The state of The s	Bbls. Condensate/MMCF	Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of Test	Bala. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shmt-in)	Casing Pressure (Shut-in)	Choke Size			
VI.	CERTIFICATE OF COMPI	LIANCE	OIL CONSERVATION COMMISSION				
	APPROVED.		<u></u>				
I hereby certify that the rules and regulations of the Oil Conservation  Commission have been complied with and that the information given		on   Creater	MONED BY JERRY SEXTON				
	shove is true and complete to the best of my knowledge and belief.   BY		RICT I SUPERVISOR				
	_	TITLE					
	11-	This form is to be filed in compliance with RULE 1104.					
	as the language for allowable for a newly drilled or deepe		makin for a newly drilled or despense				
	W. C. 19	(Signature)	I will also form much be accompli	ruley by a labilition of the desterror			
Operations Manager			All sections of this form m	tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-			

(Title)

October 13, 1988 (Date)

All sections of this form must be able on new and recompleted wells.

able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

	V.					
	NO. OF COPIES RECT					
	SANTA FE	214				
	FILE					
	U.S.G.S.				AI	
	LAND OFFICE				AL	
TRANSPORTER GAS						
	OPERATOR	<u></u>				
I.	PRORATION OF	ICE				
••	Operator					
	TOM BRO	WN, I	NC.			
	Address					
	P. O. E				M	
	Reason(s) for filing	(Check p	roper	box)		
	New We!l	H			. Cha	
	Recompletion	H			Oil	
	Change in Ownership	<u>'L</u>			Cas	
II.	If change of ownership give name and address of previous owner Old na  II. DESCRIPTION OF WELL AND LEASE Lease Name Well					
	Warren Sta	<b>te</b> 28	1	7	7	
	Location					
	Unit Letter	A	i	6	60_Fe	
		28				
	Line of Section			100	nship	
III.	DESIGNATION O	F TRA	NSP	ORT	ER OF	
	Service Pipe Name of Authorized				Λ ny inghead C	
	Warren Petroleum Company					
	If well produces oil give location of tank	or Hquia	s,		A	
IV.	If this production is COMPLETION D		ngled	i with	h that fr	
	Designate Typ	pe of C	ompl	etio	n – (X)	
	Date Spudded				Date Co	
	Elevations (DF, RK)	B, RT, G	R, et	c.)	Name of	

(Date)

	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-116				
	FILE	<u> </u>	AND	Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS				
	LAND OFFICE	1						
	TRANSPORTER OIL	<u> </u>						
	GAS							
	OPERATOR							
I.	PRORATION OFFICE							
	Operator							
	TOM BROWN, INC.							
	Address							
	P. O. Box 5706	Midland, Texas 7970]	l					
	Reason(s) for filing (Check proper box	)	Other (Please explain)					
	New Well	. Change in Transporter of:						
	Recompletion	Oil Dry Ga	s 🔲 Change of Opera	tor Name Only				
	Change in Ownership	Casinghead Gas Conden		cor name only				
	If change of ownership give name	Old name - Tom Brown Dri	illing Company, Inc sa	ame address				
	and address of previous owner		· ·					
II.	DESCRIPTION OF WELL AND	LEASE						
	Lease Name	Well No. Pool Name, Including Fo		1				
	Warren-State 28	1 North Bagley (L	Penn) State, Federal	cr Fee State K 3710				
	Location	1 2 2102 22 203 203 10		KJ/IV				
	/ A	560 Feet From The N Lin	e and 660 Feet From 1					
	Unit Letter A ;	reet From theLin	e and <u>660</u> Feet From T	ne <u>r</u>				
	Line of Section 28	wnship 11-S Range	33-E , NMPM, Lea	County				
	Line of Section 2-	with Trange	) Ition top	- County				
ITT	DESIGNATION OF TRANSPORT	TER OF OIL ANT NATURAL GA	s					
III.	Name of Authorized Transporter of Oil		Address (Give address to which approx	ped copy of this form is to be sent)				
		Λ						
	Service Pipe Line Compa Name of Authorized Transporter of Ca	any singhead Gas or Dry Gas	Address (Give address to which approx	ted copy of this form is 18 be sent)				
		**						
	Warren Petroleum Compar	Unit Sec. Twp. Rge.	Box 1589, Tulsa, Oklah Is gas actually connected?	noma 74100				
	If well produces oil or liquids, give location of tanks.		i					
		A 28 11-S 33-E	Yes					
		th that from any other lease or pool,	give commingling order number:					
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.				
	Designate Type of Completic		1 1	1				
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Date Spudded	Date Compi. Reday to Prod.	Total Depth	F.B.1.D.				
	Elevente (DE BKD BE OD	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On, Gas Pay	tabling bepin				
		1	1	Depth Casing Shoe				
	Perforations							
			AFUELITUIA OFFICER	1				
		· · · · · · · · · · · · · · · · · · ·	CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
V.	TEST DATA AND REQUEST F			and must be equal to or exceed top allow-				
	OIL WELL		pth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	r, erc.)				
				Choke Size				
	Length of Test	Tubing Pressure	Casing Pressure	Chore Size				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas-MCF				
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	TION COMMISSION				
• • •	ENTIFICATE OF COMPLIANCE		FEB 28 1972					
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						
		BYOrig. Signed by						
		In D	Ramey					
	2 4 0		Diet I	Sunv				
			This form is to be filed in o	compliance with RULE 1104.				
Vice-President  (Title)		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-						
					ile)	All sections of this form mu able on new and recompleted we	et de inied out completely for allow-	
					January 21, 1972			Fill out only Sections I, II, III, and VI for changes of owner,

able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.