

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
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 Old C-104 and C-110
Effective 1-1-65

I. **Operator**
H. C. Brown Drilling Co., Inc.
Address
Box 983, Midland, Texas
Revisor(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☒ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
Other (Please explain)
effective 12/1/68
If change of ownership give name and address of previous owner
H. C. Brown, 500 Bank of SW, Midland, Texas

II. **DESCRIPTION OF WELL AND LEASE**
Lease Name
H. C. Brown
Well No.
1
Pool Name, Including Formation
H. C. Brown Pool
Kind of Lease
State, Federal or Fee
State
Location
Init Letter
G
1980 Feet From The
E Line and
660 Feet From The
S
Line of Section
24, Township
10, Range
33, NMPM,
100 County

III. **DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**
Name of Authorized Transporter of Oil ☐ or Condensate ☐
SERVICE PIPE LINE CO. Amoco Pipeline Co.
Address (Give address to which approved copy of this form is to be sent)
3011 Lincoln Ave., Lubbock, Texas
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
SERVICE PIPE LINE CO.
Address (Give address to which approved copy of this form is to be sent)
Box 1080, Lubbock, Texas 79400
If well produces oil or liquids, give location of tanks.
Unit
24
Sec.
10
Twp.
33
Rge.
33
Is gas actually connected?
yes
When

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'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Pool	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 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/MMCF
Gravity of Condensate
Testing Method (pitot, back pr.)
Tubing Pressure
Casing Pressure
Choke Size

VI. **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
BY John W. Runyan
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 allowable on new and recompleted wells.
Fill out Sections I, II, III, and VI only 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.