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	GAS	
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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

Operator Tom Brown Drilling Co., Inc.	
Address Box 953, Midland, Texas	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐
Other (Please explain) effective 10/1/63	

If change of ownership give name and address of previous owner **H. C. Hood**

Lease Name Levington Trust		Well No. 1	Pool Name, Including Formation North Bagley-Pennsylvanian R-3988	Kind of Lease State, Federal or Fee Fee
Location Unit Letter D ; 884 Feet From The N Line and 660 Feet From The W Line of Section 26 , Township 12S Range 32E , NMPM, Lea County				

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) 3411 Knoxville Ave., Lubbock, Texas 79431				
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Pet. Corp.		Address (Give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Okla. 74100				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 23	Twp. 11S	Rge. 32E	Is gas actually connected? yes	When

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

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.			
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		OIL CONSERVATION COMMISSION	
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 _____, 19____	
 Agent		BY John W. Runyan	
(Title)		TITLE _____	
8/13/63 (Date)		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.	