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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Superseding Old C-104 and C-110
Effective 1-1-65

Operator The Maurice L. Brown Company	
Address Suite 200/Sutton Place Bldg./Wichita, Kansas 67202	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒	

If change of ownership give name and address of previous owner **Champion Petroleum Company/300 Wilco Bldg./Midland, Texas 79701**

DESCRIPTION OF WELL AND LEASE					
Lease Name State "8"	Well No. 1	Pool Name, including Formation Vada Penn	Kind of Lease State, Federal or Fee	State State	Lease No. K-3430
Location					
Unit Letter A	660	Feet From The North	Line and 660	Feet From The East	
Line of Section 8	Township 10-S	Range 34-E	NMPM, Lea	County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Amoco	Address (Give address to which approved copy of this form is to be sent) 3411 Knoxville Ave., Lubbock Texas					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, Oklahoma 74100					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 8	Twp. 10-S	Rge. 34-E	Is gas actually connected? Yes	When ---

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

COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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			

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 (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Wm. Broesbeck
(Signature)
District Engineer
9-11-79
(Date)

OIL CONSERVATION COMMISSION	
SEP 12 1979	
APPROVED	19
BY	Orig. Signed by Jerry Sexton Dist. L. Supv.
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 calculation of the deviation limits taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleting wells.
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.