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NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Supersedes Old C-104 and C-110 Effective 1-1-65

AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Tom Brown, Inc. P. O. Box 5706
Reason(s) for filing (Check proper box) Midland, Texas 79701 Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Change of Operator Name Only Change in Ownership Casinghead Gas Condensate If change of ownership give name Old name - Tom Brown Drilling Company, Inc., and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee Lovington North Bagley Penn(1980 660 <u>N</u> Unit Letter Feet From The_ _Line and _ Range 28 33-E II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil Address (Give address to which approved copy of this form is to be sent) or Condensate Service Pipe Line Company
Name of Authorized Transporter of Casinghead Gasy 3411 Knoxville Ave., Lubbook, Texas 79431
Address (Give address to which approved copy of this form is to be sent) or Dry Gas Box 1589, Tulsa, Oktahoma 74100 Warren Petroleum Co. Sec. Unit Twp. P.ge. Is gas actually connected? If well produces oil or liquids, give location of tanks. E 11-S Yes If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Oil Well Gas Well New Well Workover Plug Back Same Res'v. Diff. Res'v Deepen Designate Type of Completion - (X) P.B.T.D. Date Spudded Date Compl. Ready to Prod. Total Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oll/Gas Pay Tubing Depth Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE SACKS CEMENT HOLE SIZE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow-V. TEST DATA AND REQUEST FOR ALLOWABLE able for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Length of Test Tubing Pressure Casing Pressure Gas - MCF Actual Prod. During Test Oil-Bbls. Water - Bbls. **GAS WELL** Actual Prod. Test-MCF/D Gravity of Condensate Length of Test Bbls. Condensate/MMCF Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) OIL CONSERVATION COMMISSION APPROVED. I hereby certify that the rules and regulations of the Oil Conservation Orig. Signed by Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Joe D. Ramey Dist. I, 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 tabulation of the deviation

4. CERTIFICATE OF COMPLIANCE

Viœ-President

(Title)

21, 1972 January

tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-

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