L			L		e					
	DISTRIBUTIO	N			NEW	MEXICO OIL	1			
-	SANTA FE					REQUEST	_			
-	FILE						•			
Ļ	U.S.G.S.	·		ΑÜ	THORIZA	TION TO TRA	A.			
-	LAND OFFICE									
	TRANSPORTER	GAS								
İ	GPERATOR									
-	PRORATION OFF	CE								
	Operator		The Ma	urice	I. Brown	n Company				
	Address			<del>V </del>		sas City, M	_ i			
	Reason(s) for filing (	Check ;					_			
	New Well			Char	age in Trans	porter of:				
	Recompletion			Off		⊠ Dry G	31			
	Change in Ownership			Cost	inghead Gas	Cande	n			
•	If change of owners and address of prev	ious os	ner	FASE			_			
i	Lasse Name Bate Fede	-		Well		iame, including F	0			
	Date rede	Iai C	om.		I   Vada	a Penn				
	Location	I	: 198	0 .		South	_			
	Unit Letter				_	Li	n.			
1	Line of Section	11	Tow	nehip	9S	Range	_			
l.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL  None of Authorized Transporter of Cit XX or Condensate  The Permian Corporation  None of Authorized Transporter of Casinghedd GasXXX or Cry Gas									
		Warren Petroleum Corporation								
	If well produces all give location of tank		is,	Unit I		9S 34E				
		this production is commingled with that from any other lease or pool,  OMPLETION DATA  Out Well  Cos Well								
	Designate Ty	pe of C	ompletio	n – (X)	011 1141	. Gara warr				
	Date Spudded			Date Cor	npi. Ready t	o Prod.	_			
	Elevations (DF, RK)	8, RT, G	R, esc.,	Name of	Producing F	ormation				
	Perforations		. i				_			
					T1181W	C CLEINC AN	_			
	HOLE	\$175		C		G, CASING, AN IBING SIZE	۳			
		3144		-	31170 4 10	15/11/0 3122	_			
							_			
				1	*		_			
٠.	TEST DATA AND REQUEST FOR ALLOWABLE (Test made for other particular data for other particular da									
	Oate First New Cil	סד משה	Tanks	Deta of	7005					
	Length of Test			Tuoing Pressure						
	Actual Prod. During	Test	·	O11 - 891	<b>4.</b>		_			
				1		·	_			
	Actual Prod. Teet-	MCF/D	<del> </del>	Length of Test						
	Testing Method (pil	ot, back	pr.)	Tubing Pressure (Shut-in)						
ı.	CERTIFICATE (	OF CO	MPLIAN	CE	<del></del>					
	I hereby certify that the rules and regulations of the Oil Conservat: Commission have been complied with and that the information given above is true and complete to the best of my knowledge and bell									

## CONSERVATION COMMISSION FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-11

FILE				1			AND			Effective  -	1-65								
u.s.g.s.	- <del></del>	<u> </u>	<u> </u>	AUTHO	RIZATION	TO TRA	NSPORT	COIL AND N	ATURAL G	ΔS									
LAND OFFICE	<del>,</del>	<u> </u>								<b>~~</b>									
TRANSPORTER	OIL			1			•												
	GAS																		
OPERATOR OF				4					•	•									
PRORATION OF	FICE	<u> </u>	<u> </u>	<u> </u>			<del></del>	<del></del>	·	·									
		The	e Ma	aurice L.	Brown Comp	pany													
Address		P.(	). E	Box 11320,	Kansas Ci	ity, Mi	ssouri	64112											
Reason(s) for filing	(Check	proper	box,	,			<del></del>	Other (Please	explain)										
New Well				Change is	Transporter of	í:													
Recompletion				Off	X	Dry Gas	• 🔲												
Change in Ownershi	Pi			Casinghe	ed Gas	Conden	sate 🗌												
If change of owners																			
DESCRIPTION C			· -	FASE															
Bate Fede			<u></u>	Well No.			twattou	<del></del>	Kind of Lease		Legse No.								
Location		om.			Vada Penr	n 		•	State, Federal	Federal	NM-047.207								
Unit Letter	I	. ;	198	80 Feet Fra	Sou	uth	• end	-600 /dec	_ Feet From Ti	East									
Line of Section	11		Tov	enship 9S	R	ande.	34E	, SMPM,	L	ea	County								
								·											
DESIGNATION C						RAL GA					,								
The Permian	· ·				espanebno					ed copy of this form i	s to be sent)								
Name of Authorized					ar Dry Ga	<b>3</b> 🚞	1			, TX 77001	s (o be sens)								
Warren Petr	coleum	Co	сроі	<del></del>				Box 1589,	Tulsa, O	K 74102									
If well produces oil qive location of tan		is,		Unit Sec		34E		yes	d? Wher										
If this production i		ingle	d wi	th that from ar	y other lesse	or pool,	give com	mingling order	numbers										
[					OTT MeTT G	as Well	New Wel	Workover	Deepen	Plug Back   Same F	Resty. Ditt. Resty.								
Designate Ty	pe of C	dmo	letic	on — (X)	1		1	i ;	;	· · · · · · · · · · · · · · · · · · ·	l f								
Date Spudded				Date Compi.	Ready to Prod.		Total De	ppth	-1	P.8.T.D.									
Elevations (DF, RK	B, RT, C	GR, es	c.,	Name of Prod	ucing Formation	n	Top OU	Gas Pay		Tubing Depth									
Perforations										Depth Casing Shoe									
<u> </u>					CURING CAS	ING AND	CEVEN	TING RECOR	<u> </u>										
HOLE	SIZE				4 TUBING		CEMEN	DEPTH SE		SACKS C	FMENT								
								02 00	•	3,000	434477								
					· · · · · · · · · · · · · · · · · · ·			···· #	·····										
					<del></del>						<del></del>								
							<u> </u>												
TEST DATA AN	D REQ	UES	TF	OR ALLOWA	BLE (Test			ery of total volu for full 24 hours		nd must be equal to	or second top allow								
Otto First New Cil	Aus To	Tenk	•	Date of Test			·	ag Method (Flow		. etc.)	<del></del>								
								•		•									
Length of Test	<del></del>			Tubing Press	ws.		Casing	Presure	· · · · · · · · · · · · · · · · · · ·	Choke Size	<del></del>								
Actual Prod. During	g Test			O11 - Bbis-			Wetter - B	bis.	<del></del>	Gas - MCF									
ļ				1					<u> </u>										
GAS WELL	ACE (C)	<del></del> .		Length of Te	<del></del>		I BNIG C	ndenegre/MMC		Comment of Comment									
Actual Prod. 1 set-	- MCF/D			Caudiu of 1 a			2012. C	indensers/MMC.	•	Gravity of Condens									
Testing Method (pi	sot, back	t pr.j		Tubing Press	we ( Shut-La )		Casing	Pressure ( Shut	-in)	Choke Size									
CERTIFICATE	OF CO	MPL	LAN	CE				OIL (	CONSERVA	TION COMMISS	ION								
						APPROVED APR 1 2 1982 . 19													
I hereby certify the							APPROVED HIT I D TOOL 19												
Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.						BYORIGINAL SIGNED BY													
						JERRY SEXTON													
						TITLE DISTRICT 1 SUPR.													
President (Signewa)					This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despende well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.														
										Fresident (Titie)					All sections of this form must be filled out completely for silow- able on new and recompleted wells.				
										April 6,	1982		( # 1				14		
			(D	cts)		-	well	edmun to eman	r, or transport	en or other such th	ange of condition.								
			•					Separate Form	s C-104 must	be filed for each	r boot in unitibly								

RECEIVED

APR 9 1982

O.C.D. HOGBS OFFICE