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SANTA FE	1	CONSERVATION COMMISSION	Form C-104
FILE	A KEGOESI	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Eilective 1-1-65
	┥	AND	
U.S.G.S.	_ AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL (	GAS
LAND OFFICE	_		
TRANSPORTER GAS GAS			
OPERATOR	7		
PRORATION OFFICE	7		
Operator			
THE MAURICE L.	BROWN COMPANY		
	1 1/4 1000 0 7	4.45	
PO BOX 11320 Reason(s) for filing (Check proper bo	KANSAS CITY	MD. 64112	
		Other (Please explain)	
New Weil	Change in Transporter of:		
Recompletion	Ott Dry G	as	
Change in Ownership	Castnghead Gas Conde	nsate	
If change of ownership give name and address of previous owner	TENNECO OIL CO.	; PO BOX 1031; M	IDLAND, TX
DESCRIPTION OF WELL AND		,	•
Lease Name	Weil No. Pool Name, Including F	Formation Kind of Leas	Lease No.
MEDDELL	2 ALLISON-	OEA)A) State, Federa	
MERRELL	1 2 1 457 200 -		1 1
	30 Feet From The NORTH Lis	ne and 660 Feet From	The WEST
Line of Section   O To	waship 95 Range	36E , NMPM, LE	A County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA		
Name of Authorized Transporter of Ci	•	Address (Give address to which appro-	
MOBIL PIPE LINE Name of Authorized Transporter of Co	COMPANY	Address (Give address to which appro-	AND TX 79701
Name of Authorized Transporter of Co	singhead Gas or Dry Gas	Address (Give address to which appro-	ved copy of this form is to be sent)
WARREN PETROLEUM	COMPANY	1 PO BOX 1589 TU	150 05
	Unit Sec. Twp. Age.	Is gas actually connected? Who	
If well produces oil or liquids, give location of tanks.	## 10 95 36E	JES !	
If this production is commingled w	ith that from any other lease or pool,		
COMPLETION DATA			
Designate Type of Completi	On (Y)	New Well Workover Deepen	Plug Sack   Same Resty.   Diff. Resty
Designate Type of Complete			1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!!/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		<u> </u>	
		1	
	1		-
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil: epth or be for full 24 hours)	and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lip	(t. etc.)
Date First New Cit Aun 10 1 dats		Producing Mathod (Piow, pamp, 263 11)	11, 616.7
			I Chaha Sira
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	Gds-MCF
		<u> </u>	<u> </u>
GAS WELL		Thus and the same	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in )	Casing Pressure (Shut-in)	Choke Size

Testing Method (pitot, back pr.) Tubing Pressure (Shut-in ) Casing Pressure (Shut-in) I. CERTIFICATE OF COMPLIANCE APPROVED 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.

OIL CONSERVATION COMMISSION

Orac Signed by Jerry Sestan

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.

All sections of this form must be filled out completely for silow-able on new and recompleted wells.

Fill out only Sections I. II. III, end 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 completed wells.

## RECEIVED

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OIL CONSERVATION COMM. HOBBS, N. M.

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