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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Brazos Petroleum Company

Address
708 Petroleum Bldg. - Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Holcomb Federal 18	Well No. 1	Pool Name, Including Formation Sawyer (San Andres)	Kind of Lease State, Federal or Fee Federal	Lease No. 068035
Location Unit Letter C ; 1980 Feet From The W Line and 760 Feet From The North Line of Section 18 Township 9-S Range 38-E , NMPM, Lea Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation Permian (Eff. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 - Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 - Tulsa, Oklahoma 74102
If well produces oil or liquids, give location of tanks.	Unit C Sec. 18 Twp. 9-S Rge. 38-E Is gas actually connected? No When

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 1-1-81	Date Compl. Ready to Prod. 4-25-81	Total Depth 5065'	P.B.T.D. 5036'					
Elevations (DF, RKB, RT, GR, etc.) 3976' GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 4926'	Tubing Depth 4890'					
Perforations 4926-4958, 4904-4910, 4876-4894'			Depth Casing Shoe 3976'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
12-1/2"	8-5/8"	430			275			
7-7/8"	4-1/2"	5065			225			

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 oil production for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4-25-81	Date of Test 5-1-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 25 psi	Casing Pressure 40 psi	Choke Size 1"
Actual Prod. During Test	Oil - Bbls. 3	Water - Bbls. 6	Gas - MCF 379

GAS WELL

Actual Prod. Test-MCF/D 379	Length of Test 24 hours	Bbls. Condensate/MMCF 3	Gravity of Condensate 28
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 25 psi	Casing Pressure (Shut-in) 40 psi	Choke Size 1"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Production Clerk

May 27, 1981

OIL CONSERVATION DIVISION

APPROVED _____, 19

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.