

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
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OPERATOR	
PRODUCTION OFFICE	

Operator Brazos Petroleum Company	
Address P.O. Box 1782 - Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Connection of Warren Petroleum Company gas line
Change in Ownership <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Brazel State	Well No. 1	Pool Name, including Formation East Crossroads (San Andres)	Kind of Lease State, Federal or Fee State	Lease No. L-6834
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>7</u> Township <u>10-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 - Tulsa, OK. 74102					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 7	Twp. 10-S	Rge. 37-E	Is gas actually connected? Yes	When February 24, 1982

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't. Eff. Rec't. <input type="checkbox"/>
Date Spudded 6-25-81	Date Compl. Ready to Prod. 8-3-81		Total Depth 4971'		P.B.T.D. 4968'		
Elevations (DF, RKB, RT, GR, etc.) 3979.1 GL	Name of Producing Formation San Andres		Top Oil/Gas Pay 4930'		Tubing Depth 4897'		
Perforations 4932' - 4967'					Depth Casing Shoe 4971'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24# Casing	440'	250 SX.
7 7/8"	5 1/2" 14# Casing	4971'	150 SX.
N/A	2 3/8" 4.7# Tubing	4897'	N/A

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 8-3-81	Date of Test 8-6-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs	Tubing Pressure 25 PSI	Casing Pressure 25 PSI	Choke Size 2"
Actual Prod. During Test	Oil-Bbls. 108 Bbls	Water-Bbls. 6	Gas-MCF 23

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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 Secretary

March 16, 1982

OIL CONSERVATION DIVISION

MAR 19 1982

APPROVED _____, 19

BY JERRY SEXTON

TITLE DISTRICT SUPERVISOR

This form is to be filed in compliance with RULE 113.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 113.

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

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

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

RECEIVED

MAR 18 1982

O.C.D.
HOSBRO OFFICE