

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-63

Operator JOE E. BROWN	
Address BOX 543 LOVINGTON, NEW MEXICO 88260	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☒ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒	

If change of ownership give name and address of previous owner APOLLO OIL COMPANY BOX 1737 HOBBS, NEW MEXICO 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name FARRELL FEDERAL	Well No. 8	Pool Name, Including Formation CHAUVERON - SAN ANDRES	Kind of Lease State, Federal or Fee FEDERAL	Lease No. 0108997-A
Location Unit Letter E 1980 Feet From The N Line and 660 Feet From The W Line of Section 28 Township 7-S Range 33-E NMPM, ROOSEVELT County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ NAVAJO REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) BOX 175 ARTESIA, NEW MEXICO 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ CITIES SERVICE COMPANY	Address (Give address to which approved copy of this form is to be sent) BOX 300 TULSA, OKLAHOMA 74102
If well produces oil or liquids, give location of tanks. Unit J Sec. 28 Twp. 7-S Rge. 33E	Is gas actually connected? YES When

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT								

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Joe E. Brown
(Signature)
Operator
(Title)
2-5-81
(Date)

OIL CONSERVATION COMMISSION

FEB 9 1981

APPROVED _____, 19

BY _____

TITLE _____
Jerry Sexton
Dist. 1, Supv.

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 tests taken on the well in accordance with RULE 111.

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 owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiple