L	1 ***		
DISTRIBUTION ANTA FE		CONSERVATION COMMISSION	Form C-104
FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65
J.S.G.S.	AUTHORIZATION TO TR.	AND ANSPORT OIL AND NATURAL	
LAND OFFICE		THE OR TOTE AND NATURAL	GAS
TRANSPORTER GAS	-		
OPERATOR			
PRORATION OFFICE	Z Z Z CONSTRUCTION OF THE STATE	2.500	
Operator array		Company of Company of the Company of	
JOE E. BROWN			
BOX 543 LOVIN	NGTON, NEW MEXICO 88	3260	
Reason(s) Yor filing (Check proper box		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion Change in Ownerst,	Oil X Dry Go Casinghead Gas Conde		
	Conde.	nsate	
f change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	Formation Kind of Lea	Se
FARRELL FEDERAL	9 CHAVEROO -	i i	ral or Fee FEDERAL 0108997
Location			
Unit Letter I ; 19	Peet From The S Lir	ne and 660 Feet From	: The
·		77_E D	DOSEVELT
Line of Section 2.0 To	wnship /-5 Range	, NMPM, RC	County
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA		· · · · · · · · · · · · · · · · · · ·
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which appr	
MOBIL PIPE LINE CO. Name of Authorized Transporter of Casinghead Gas or Dry Gas		P.O. BOX 900 DALLAS, TEXAS 75221	
CITIES SERVICE COMPANY		Address (Give address to which approved copy of this form is to be sent) BOX 300 TULSA, OKLAHOMA 74102	
			hen / 4102
give location of tanks.	J 28 7-S 33E	YES	
	th that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oil Well Gas We!	New Well Workover Deepen	Dive Back Co. D. Law
Designate Type of Completic	on – (X)	l l l l l l l l l l l l l l l l l l l	Plug Back Same Res'v. Diff. Res's
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Slaugitara (DE RVD DT CD	N(D)		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FO		fter recovery of total volume of load oi. opth or be for full 24 hours)	l and must be equal to or exceed top allo
DIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.
Date First New Ott Hun 13 Tanks			•
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Antun Dani During Tark	01-851-	Water Bhis	
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF
	<u> </u>		<u> </u>
GAS WELL	·		
Actual Prod. Test-MUF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Coolea Description 4-1	
resund wethod (bitot, back bi.)	ranted Liesante (20st-10)	Casing Pressure (Shut-in)	Choke Size
ERTIFICATE OF COMPLIANCE	CE	OIL CONSERV	ATION COMMISSION
		OIL CONSERV	THOM COMMISSION
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.		APPROVED, 19	
		000g 17, 44 BY	
		and the state of	······································
(1 & K.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,
JOE E. BROWN	14 / JAMA /	II	compliance with RULE 1104.
(Signa	time)	well, this form must be accompa	wable for a newly drilled or deepened anied by a tabulation of the deviation
OEPRATOR		tests taken on the well in acco	rdence with RULE 111.
(Tie	7_1	All sections of this form m	ust be filled out completely for allo

able 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

(Date)

3-27-81

III.

IV.