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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRORATION OFFICE | | |

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

HOUSTON OFFICE O. C. S. Form C-104
Replaces Old C-104 and C-110
Effective 1-1-65
FEB 3 4 14 PM '67

I. Operator
H. L. Brown, Jr.

Address
704 Vaughn Building, Midland, Texas

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☒
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
Also to designate transporter of condensate.

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

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------|---------------------------------------------------|-----------|
| Lease Name Saunders "A" | Well No. 1 | Pool Name, Including Formation Bluitt San Andres Gas | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter F ; 1650 Feet From The North Line and 1650 Feet From The West Line of Section 5 Township 8-South Range 37-East , NMPM, Roosevelt County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------|--------------------|---------------------|------------------------------------------|-------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Scurlock Oil Company | Address (Give address to which approved copy of this form is to be sent) 1501 Houston Club Bldg., Houston, Texas | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Cities Service Oil Company | Address (Give address to which approved copy of this form is to be sent) Bartlesville, Oklahoma | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit F | Sec. 5 | Twp. 8-S | Rge. 37-E | Is gas actually connected? Yes | When August 3, 1966 |

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 Res'v. | Diff. Res'v. |
| 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 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| 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 (pitot, 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.

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
TITLE _____