ſ	NO. OF COPIES RECEIVED			
t	DISTRIBUTION			
1	SANTA FE			
Ī	FILE			
1	U.S.G.S.			
	LAND OFFICE			
I	TRANSPORTER	OIL		
-	I KANSFORTER	GAS		
Ī	OPERATOR			
ı. [	PRORATION OFFICE			

May 9, 1972

(Date)

l		1	DNSERVATION COMMISSION	Form C-104				
- 1	SANTA FE	☐ REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65				
	AND			Suective 1-1-02				
U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				AS				
	LAND OFFICE							
	OIL	•						
	TRANSPORTER GAS	1						
	OPERATOR	╡						
		$\dashv$						
I.	PRORATION OFFICE							
	Tom Brown, Inc.							
	Address							
	P. O. Box 5706	, Midland, Texas 79701						
	Reason(s) for filing (Check proper box)  New Well Change in Transporter of:  Other (Please explain)  NOTE: Change in Ownership Effective							
	Recompletion Oil Dry Gas June 1, 1972							
	Change in Ownership Casinghead Gas Condensate							
	Citatique III Ownership Communication Commun							
	If change of ownership give name of the change of ownership give name of the change of							
	If change of ownership give name R. R. Morrison, c/o John L. Cox, 408 West Wall, Midland, Texas 7970L and address of previous owner R. Morrison, c/o John L. Cox, 408 West Wall, Midland, Texas 7970L							
П.	<b>DESCRIPTION OF WELL AND</b>	LEASE						
	Lease Name	Well No. Pool Name, Including Fo		[7]				
	Federal "B"	l Vada Penn	State, Federal	cr Fee Federal 0328425-A				
	Location							
	\ \ht	60 Say San The South	. 1980	he West				
	Unit Letter N	Feet From The South Line	e and 1980 Feet From 1	ne mcs c				
	20	. 00 * 55	TO	_				
	Line of Section 29 Township 8S Range 36E , NMPM, ROOSEVELT County							
m.	<b>DESIGNATION OF TRANSPOR</b>	TER OF OIL AND NATURAL GA	S					
	Name of Authorized Transporter of Co	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)				
	Mobil Pipe Line Co.	, Attn: D. C. Kennedy	P. O. Box 900, Dallas,	Texas				
	Name of Authorized Transporter of Co		Address (Give address to which approx	ed copy of this form is to be sent;				
	Cities Service Oil		P. O. Box 300, Tulsa, Ok	lahoma				
	CICICS BELVICE SII	Unit Sec. Twp. Rge.	Is gas actually connected? Whe					
	If well produces oil or liquids,							
	give location of tanks.	N 29 8S 36E	No					
	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:					
	COMPLETION DATA	•						
			New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	Designate Type of Complet	ion = (X)						
	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				
	Lievations (DP, ARB, A1, GR, etc.,	Traine or Arodaesing 1 similaris	, , , , , , , , , , , , , , , , , , , ,					
				Depth Casing Shoe				
	Perforations			Septin Gasard Silver				
				<u> </u>				
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
V.	V. TEST DATA AND REQUEST FOR ALLOWABLE  (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)							
	OIL WELL		Producing Method (Flow, pump, gas li	t etc.i				
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)								
				Choze Size				
	Length of Test	Tubing Pressure	Casing Pressure	CUOKE PINE				
				<u> </u>				
	Actual Prod. During Test	Oil-Bbis.	Water - Bbis.	Gas - MCF				
		·						
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate				
	Actual Ploa. 1001-MC175	25.14.11		-				
			Casing Pressure (Shut-in)	Choke Size				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Bilde-In)	Chora Siza				
			1	<u> </u>				
VI	. CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	TION COMMISSION				
44			MAY 15 1972					
		d completions of the Oil Consequeties						
	I hereby certify that the rules and	d regulations of the Oil Conservation with and that the information given	( climal by					
	above is true and complete to t	he best of my knowledge and belief.	BY loc D. Ramey					
			Thiat, I, Supv.					
			TITLE	F)				
	•		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.					
		enature						
	(Si	gnuswe/						
	Production C	rerk	All sections of this form mu	at be filled out completely for allow-				
	- · · · · · · · · · · · · · · · · · · ·	Tüle)	able on new and recompleted wells.					

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.

12 12 TOTE

NOT 12