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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

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator H. L. Brown, Jr.	
Address P. O. Box 2237, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
	Dry Gas <input checked="" type="checkbox"/>
	Condensate <input checked="" type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name W. L. PERKINS	Well No. Pool Name, including Formation 1 Bl Witt (Wolfcamp)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location			
Unit Letter D	990 Feet From The north Line and 990 Feet From The west		
Line of Section 10	Township 8S	Range 37E	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"/>	Address (Give address to which approved copy of this form is to be sent) The Permian Corporation P. O. Box 1183, Houston, Texas 77001		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Transwestern Pipeline Co. P. O. Box 2521, Houston, Texas 77001		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 10	Twp. 8S
			37E
	Is gas actually connected?		When
	Yes		April 28, 1975

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.
		XX	XX					
Date Spudded 10-21-74	Date Compl. Ready to Prod. 12-6-74		Total Depth 8810'		P.B.T.D. 8780'			
Elevations (DF, RKB, RT, GR, etc.) 4055 GL	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay		Tubing Depth 7850'			
Perforations 8008'-8011', 8014'-8018', 8028'-8032', 8035'-8039', 8045'-8049'					Depth Casing Shoe 8810'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	13-3/8"		348		350 sx Class C			
11"	8-5/8"		3,750		400 sx Class C			
7-7/8"	4-1/2"		8,810		400 sx 50-50 Poz Mix			

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)

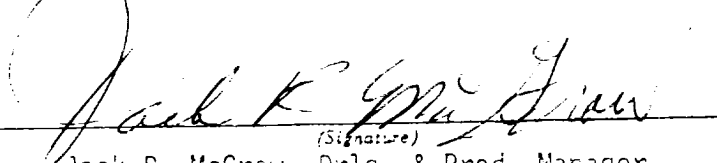
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 700	Length of Test 24 hr.	Bbls. Condensate/MMCF 24	Gravity of Condensate 67
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (Shut-in) 2131#	Casing Pressure (Shut-in) Packer	Choke Size 13/64"

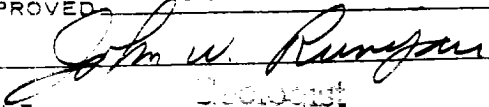

VI. CERTIFICATE OF COMPLIANCE

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.

  
Jack R. McGraw, Dirg. & Prod. Manager  
(Title)

May 7, 1975  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY   
TITLE 

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 multiply