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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 1-1-65

I.

Operator: J. L. BROWN, JR.

Address: P. O. Box 2237, Midland, Texas 79701

Reason(s) for filing (Check proper box) — Other (Please explain)

New Well [X] — 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 _____

II. DESCRIPTION OF WELL AND LEASE R-5215

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Federal C	1	Tuttle(Wolfcamp)Gas	State, Federal, or Fee Federal	LC 21513

Location
Unit Letter C, 1650 Feet From The West Line and 990 Feet From The north
Line of Section 4, Township 8-S, Range 37E, NMPM, Roosevelt County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X] — 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 [ ] or Dry Gas [X] — Address (Give address to which approved copy of this form is to be sent)
Transwestern PL Co. — P. O. Box 2521, Houston, Texas 77001

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	4	8-S	37-E	Yes	12-5-75

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-30-75	7-10-75	8140	8105
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
4064.7 GL	Wolfcamp	7954	7960
Perforations			**Depth Casing Shoe**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17"	13-3/4" 38.30#	510'	500 sks
11"	8-5/8" 32,28,24,24.74	3750'	560 sks
7-7/8"	5-1/2" 17#, 15.5#	8140'	400 sks

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

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
1520	24 hr.	31	72
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	3175	pkr	10/64"

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 know edge and belief.

Jack F. McGuire
Drilling & Production Manager

(Title)

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 allow-