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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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-1
Effective 1-1-65

I.

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"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "F"	Well No. 1	Pool Name, Including Formation Bluitt (WC) Gas R-5215	Kind of Lease State, Federal or Fee Federal	Lease No.
Location				
Unit Letter L	990	Feet From The west	Line and 1650	Feet From The south
Line of Section 2	Township 8-S	Range 37-E	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 Pipe Line Co.	P. O. Box 2521, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 2	Twp. 8-S	Rge. 37-E	Is gas actually connected? Yes	When Feb. 9, 1976

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 11-13-75	Date Compl. Ready to Prod. 12-18-75		Total Depth 8164		P.B.T.D. 8118			
Elevations (DF, RKB, RT, GR, etc.) 4037.8 GL	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 8055		Tubing Depth 7945			
Perforations 8055-64, 8068-72, 8076-85					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	12-3/4"		503		200 SX			
11"	8-5/8"		3648		300 SX			
7-7/8"	4-1/2"		8164		400 SX			
	2-3/8" EUE		7945					

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 1100	Length of Test 24 hr.	Bbls. Condensate/MMCF 17	Gravity of Condensate 68.4
Testing Method (pitot, back pr.) Pipe taps	Tubing Pressure (shut-in) 2130	Casing Pressure (shut-in) pkr	Choke Size 14/64"

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

Drlg. & Production Mgr.

(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-