

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

Operator H. L. Brown, Jr.	
Address P. O. Box 2237, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>
If change of ownership give name and address of previous owner NA	

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal K	Well No. 1	Pool Name, including Formation Bluitt (Wolfcamp)	Kind of Lease State, Federal or Fee Federal	Lease No. NM17450
Location Unit Letter 0 ; 330 Feet From The south Line and 2310 Feet From The east Line of Section 34 Township 7S 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 Company	P. O. Box 2521, Houston, Texas 77252					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 34	Twp. 7S	Rge. 37E	Is gas actually connected? yes	When 3-21-83

If this production is commingled with that from any other lease or pool, give commingling order number: na

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 6-29-82	Date Compl. Ready to Prod. 9-29-82	Total Depth 8120'	P.B.T.D. 8120'					
Elevations (DF, RNB, RT, GR, etc.) 4058' GL	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 8080'	Tubing Depth					
Perforations 8080 - 8113			Depth Casing Shoe					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	496'	700 sx CL C+ 2% CaCl <sub>2</sub>
11"	8 5/8"	3795'	125 sx BJ Lite + 200 sx CL E
11"	5 1/2"	8165'	875 sx CL H

## 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)

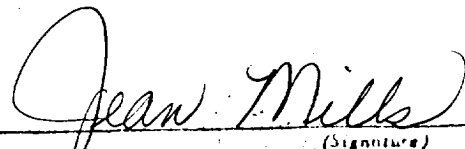
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D 345	Length of Test 24 hrs	Bbls. Condensate/MCF 15	Gravity of Condensate 54°
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 1550	Casing Pressure (Shut-in) Pkr	Choke Size 8/64"

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)  
Production Clerk  
(Title)  
March 2, 1983  
(Date)

## OIL CONSERVATION DIVISION

APPROVED MAR 28 1983, 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
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 multiple completed wells.