

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

1. Operator The Maurice L. Brown Company

Address Suite 200/ Sutton Place Bldg. Wichita, Kansas 67202

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

New Well ☒ Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Change in well name from Option to

Recompletion ☐ Casinghead Gas ☐ Condensate ☐ Option Federal.

Change in Ownership ☐ Establish allowable for new well.

If change of ownership give name and address of previous owner _____

Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service BRM

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Option Federal</u>	Well No. <u>5</u>	Pool Name, Including Formation <u>Vada Penn</u>	Kind of Lease State, Federal or Free <u>Federal</u>	Lease No. <u>NM-40624</u>
Location Unit Letter <u>L</u> <u>660</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>South</u>				
Line of Section <u>35</u> Township <u>8-S</u> Range <u>35-E</u> NMPM, <u>Roosevelt</u> County				

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183 Houston, Texas 77001</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1589 Tulsa, Oklahoma 74102</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>L</u> Sec. <u>35</u> Twp. <u>8S</u> Rge. <u>35E</u>	Is gas actually connected? <input type="checkbox"/> When _____

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

V. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Restv.	<input type="checkbox"/> Diff. Restv.
Date Spudded <u>11-18-84</u>	Date Compl. Ready to Prod. <u>6-28-85</u>		Total Depth <u>9876</u>		P.B.T.D. <u>9807</u>			
Elevations (DF, RKB, RT, CR, etc.) <u>4156' GR 4177' KB</u>	Name of Producing Formation <u>Pennsylvanian</u>		Top Oil/Gas Pay <u>9763</u>		Tubing Depth <u>9807</u>			
Perforations <u>9767' - 9780'</u>					Depth Casing Shoe <u>9872'</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<u>17 1/4"</u>	<u>13 3/8"</u>	<u>455'</u>		<u>475</u>				
<u>12 1/4"</u>	<u>8 5/8"</u>	<u>4187'</u>		<u>1300</u>				
<u>7 7/8"</u>	<u>5 1/2"</u>	<u>9872'</u>		<u>st. stg: 100sx, 2nd: 1000sx</u>				
	<u>2 7/8"</u>	<u>9807'</u>		<u>(DV tool at 8514')</u>				

I. 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 <u>7-7-85</u>	Date of Test <u>7-11-85</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>20#</u>	Casing Pressure <u>0</u>	Choke Size <u>2"</u>
Actual Prod. During Test <u>14</u>	Oil-Bble. <u>14</u>	Water-Bble. <u>17</u>	Gas-MCF <u>14</u>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

I. 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.

Wm. Broscheck
(Signature)
District Engineer
(Title)
7-17-85
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 19 1985, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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 deviate 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 filled for each pool in multiple completed wells.