

## OIL CONSERVATION DIVISION

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

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

Operator  
Petroleum Production Management, Inc. (formerly M.L. Brown Co.)Address  
Suite 200/Sutton Place Bldg. Wichita, Kansas 67202

Reason(s) for filing (Check proper box)

New Well ☒  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☒ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Approval to flare casinghead gas from  
this well must be obtained from the  
BUREAU OF LAND MANAGEMENT (BLM)If change of ownership give name  
and address of previous owner THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE.

## DESCRIPTION OF WELL AND LEASE

Lease Name Conquest Federal	Well No. 1	Pool Name, Including Formation Vada Penn R. 8561	Kind of Lease State, Federal or Fee Federal	Lease No. NM 54437
Location Unit Letter P : 660' Feet From The South Line and 660' Feet From The East Line of Section 25 Township 8-S Range 35-E NMPM. Roosevelt County				

SCURLOCK PERMIAN CORP EFF 9-1-91

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Operating Limited Partnership	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, Texas 77251-1183					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589 Tulsa, Oklahoma 74100					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 25	Twp. 8-S	Rge. 35-E	Is gas actually connected? No	When

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

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			XX					
Date Spudded 2-25-85	Date Compl. Ready to Prod. 9-9-87		Total Depth 9950'		P.B.T.D. 9820'			
Elevations (DF, RKB, RT, GR, etc.) 4141 GR	Name of Producing Formation Bough "C"		Top Oil/Gas Pay 9764'		Tubing Depth 9818'			
Perforations 9772'-9792'					Depth Casing Shoe 9950'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	426'	400
11"	8 5/8"	3200'	950
7 7/8"	5 1/2"	9950'	300
	2 7/8" & 2 3/8"	9818'	

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 9-9-87	Date of Test 9-25-87	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 25 psi	Casing Pressure -0-	Choke Size 2"
Actual Prod. During Test	Oil-Bble. 36	Water-Bble. 28	Gas-MCF 140

## GAS WELL

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

## 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.

District Engineer

9-30-87

(Date)

## OIL CONSERVATION DIVISION

OCT 13 1987

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY \_\_\_\_\_  
Paul Knautz  
Geologist

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-  
able 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.

NOTICE TO THE PUBLIC  
The following information is being  
provided for your information.

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RECEIVED  
OCT 8 1987  
OCS  
HOBS OFFICE