

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
OPERATION	
PRODUCTION OFFICE	

Operator H. L. Brown, Jr.	
Address P. O. Box 2237, Midland, TX 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Csl <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Correction of lease number. Correction of unit letter.	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "27" <i>Com</i>	Well No. 1	Pool Name, Including Formation Siluro- North Bluitt Devonian	Kind of Lease State, Federal or Fee Federal	Lease No. NM-54449
Location Unit Letter <u>E</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>660'</u> Feet From The <u>West</u> Line of Section <u>27</u> T. <u>7S</u> Range <u>37E</u> , NMPM, <u>Roosevelt</u> County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian <b>SCURLOCK PERMIAN CORP EFF 9-1-91</b>	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77251					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2521, Houston, Texas 77252					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 27	Twp. 7S	Rge. 37E	Is gas actually connected? Yes	When 11-24-87

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 8-3-87	Date Compl. Ready to Prod. 9-17-87		Total Depth 9089'		P.B.T.D. 8968'			
Elevations (DF, RKB, RT, GR, etc.) 4058.1' GL	Name of Producing Formation Siluro-Devonian		Top Oil/Gas Pay 8845'		Tubing Depth 8894'			
Perforations 8845-8892'					Depth Casing Shoe 9088'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2"	13-3/8"		517'		530			
12-1/4"	8-5/8"		3875'		1600			
7-7/8"	4-1/2"		9088'		450			

## 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)

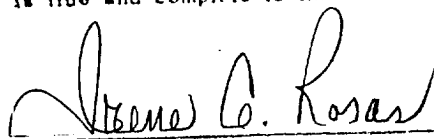
Date First New Oil Run To Tanks 9-26-87	Date of Test 9-26-87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 4	Tubing Pressure 420	Casing Pressure 0	Choke Size 20/64"
Actual Prod. During Test 33.6 BO/91 MCF	Oil-Bbls. 202	Water-Bbls. 0	Gas-MCF 544

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-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.



Production Clerk

3-10-88

(Date)

## OIL CONSERVATION DIVISION

APPROVED MAR 14 1988, 19 \_\_\_\_\_BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT I SUPERVISOR

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 multiply completed wells.