

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

CONFIDENTIAL

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
H. L. Brown, Jr.Address
Post Office Box 2237, Midland, Texas 79702

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal "27" A	Well No. 1	Pool Name, including Formation North Bluitt (Siluro-Devonian)	Kind of Lease State, Federal or Fee Federal	Lease No. NM-12852
Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line of Section 27 Township 7 South Range 37 East, NMPM, Roosevelt 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 SCURLOCK PERMIAN CORP EFF 9-1-91	Address (Give address to which approved copy of this form is to be sent) Post Office Box 3119, Midland, Texas 79702	
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) Post Office Box 1188, Houston, Texas 77251	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 27
	Twp. 7S	Rge. 37E
	Is gas actually connected? No	
	When Laying line now	

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-7-88	Date Compl. Ready to Prod. 9-21-88		Total Depth 9200'		P.B.T.D. 9087'			
Elevations (DF, RKB, RT, GR, etc.) 4074.6 KB	Name of Producing Formation North Bluitt		Top Oil/Gas Pay Siluro-Devonian		Tubing Depth 8979'			
Perforations 8909, 8916, 8922-8930, 8933, 8934, 8942, 8947-8950 (18 holes)					Depth Casing Shoe 9198'			
Reperf: 8904.5, 8909, 8912, 8916, 8921-8934, 8939, 3842-8944 (88 holes)								
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		519		500 sx class "C"			
12 1/4 & 11	8 5/8		3810 1500 sx 35/65 Poz/"C"		300 sx class "C"			
7 7/8	5 1/2		9198 700 sx 35/65 Poz/"H"		430 sx class "H"			
Tubing	2 3/8		8979					

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 8-14-88	Date of Test 9-21-88	Producing Method (Flow, pump, gas lift, etc.) Pumping 2" X 1 1/4" X 24' RHBC	
Length of Test 24 hours	Tubing Pressure	Casing Pressure 35	Choke Size
Actual Prod. During Test	Oil-Bbls. 68	Water-Bbls. 9 load water	Gas-MCF 218

GAS WELL

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

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)
J. M. Beique - Production Engineer
(Title)
9-22-88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____
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 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.