

Operator	H. L. BROWN, JR.	Well API No.	30-041-20871
Address	P. O. Box 2237, Midland, Texas 79702-2237 915/683-5216		
Reason(s) for Filing (Check proper box)			
New Well <input type="checkbox"/>		Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain)	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	allowable until hearing on unorthodox location in Wolfcamp.	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Federal "27"	Well No.	2	Pool Name, Including Formation	Bluitt (Wolfcamp)	Kind of Lease	State, Federal or Fee Federal	Lease No.	NM-54449
Location									
Unit Letter	L	:	330	Feet From The	West	Line and	2590	Feet From The	South
Section	27	Township	07S	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"/>	Scurlock-Permian Corp	Address (Give address to which approved copy of this form is to be sent)	P.O.Box 4648, Houston, Tx 77210-4648				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Transwestern Pipeline	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 1188, Houston, Tx 77251				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?	
	L	27	7S	37E	Yes	12-19-93	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		XXX	XXX					
Date Spudded	9-27-93	Date Compl. Ready to Prod.	12-19-93	Total Depth	9035'	P.B.T.D.	8794'	
Elevations (DF, RKB, RT, GR, etc.)	4054.7 GR	Name of Producing Formation	Wolfcamp	Top Oil/Gas Pay	7940'	Tubing Depth	7659'	
Perforations	7945, 49, 51, 56, 58, 62, 64, 67, 69, 71, 74		8834-65 Sqzd	8926-33 Sqz	Depth Casing Shoe	9035'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13-3/8" 54.5# csg		579'		500 sx Class "C"			
11"	8-5/8" 32 # csg		3902'		1525 sx Class "C"			
7-7/8"	5 1/2" 17 & 20 # csg		9035'		760 sx Class "H"			
	2-7/8" 6.5 # tbg		7659'					

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 Tank	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
330 MCF	24 Hours	15	67° API
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	1900 psig	0 psig	14/64"

VI. OPERATOR 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 John T. Gray Production Engineer

Printed Name 12-30-93 915/683-5216 Title

Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 07 1994

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.