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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65
HOBBS POLICE O. C. C.
JAN 13 11 45 AM '66

I. Operator
Tom Brown Drilling Company, Inc.
Address
%Albritton & Meyer, Box 524, Midland, Texas
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Signal State	Well No. 1	Pool Name, Including Formation Tobac (Penn)	Kind of Lease State, XXXXXXXXXX
Location Unit Letter K ; 2085 Feet From The South Line and 2085 Feet From The West Line of Section 29 , Township 8-S Range 33-E , NMPM, Chaves 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Eugene E. Nearburg	Address (Give address to which approved copy of this form is to be sent) 3707 Rawlins, Dallas 19, Texas					
If well produces oil or liquids, give location of tanks. K	Unit 29	Sec. 8-S	Twp. 33-E	Rge. No	Is gas actually connected? No	When 30 Days

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 <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-26-65	Date Compl. Ready to Prod. 1-1-66	Total Depth 9120	P.B.T.D. 9088					
Pool Tobac	Name of Producing Formation Bough "C" (Penn)	Top Oil/Gas Pay 9064	Tubing Depth 8987					
Perforations 9064, 9067, 9069, 9071, 9073, 9077, 9081, 9082 & 9083			Depth Casing Shoe 9120					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17"	13 3/8"		397		400			
11"	8 5/8"		3650		300			
7 7/8"	5 1/2"		9120		300			
	2 1/2" EUE		8987					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

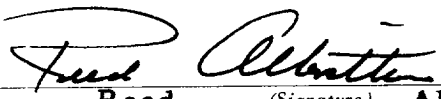
Date First New Oil Run To Tanks 1-8-66	Date of Test 1-12-66	Producing Method (Flow, pump, gas lift, etc.) Pump (Bottom Hole Hydraulic)	
Length of Test 24	Tubing Pressure	Casing Pressure	Choke Size 2"
Actual Prod. During Test 499	Oil-Bbls. 87	Water-Bbls. 412	Gas-MCF 87

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Reed (Signature) **Albritton**
Agent
(Title)
January 17, 1966
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19
BY _____
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 Sections I, II, III, and VI only 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.