a an ann an an a	1		
DISTRIBUTION SANTA FE		ONSERVATION COMM ON FOR ALLOWABLE AND	Form C -104 Supersedes Old C-104 and C-1. Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	SAS
TRANSPORTER OIL GAS			
OPERATOR PRORATION OFFICE			
BROTHERS PRODUCTIO	ON COMPANY		
Address P. O.Box 7515, Mic			
Reason(s) for filing (Check proper box, New Well	) Change in Transporter of:	Other (Please explain)	1082
Recompletion Change in Ownership	Oil X Dry Ga Casinghead Gas Conden	<b>FI</b>	,1902
If change of ownership give name and address of previous owner	NA		
1. DESCRIPTION OF WELL AND	Well No. Pool Name, Including ro		Lease No. LorFee Federal 0346362
Woodman Federal	3 Cato/San Andre		J
	80 Feet From The Lin		
Line of Section 28 24 Toy	wriship 8 Range	30 , NMPM, Chaves	County
I. DESIGNATION OF TRANSPOR	or Condensate	S Address (Give address to which approv P.O. Box 5008, Houston,	ved copy of this form is to be sent) Tx, 77012
Name of Authorized Transporter of Cas	ame of Authorized Transporter of Casinghead Gas go or Dry Das Address (Give address to which approved copy of this form is to		ved copy of this form is to be sent)
Cities Service	Unit Sec. Twp. P.ce.	is gas actually connected? Whe	
give location of tanks. If this production is commingled wit	th that from any other lease or pool,		
V. COMPLETION DATA Designate Type of Completic	on = (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Realy to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tuting Depth
Perforations	1	<u></u>	Depth Casing Shoe
HOLE SIZE	TUBING, CASING, AND	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oll ; pth or be for full 24 hours)	and must be equal to or exceed top allow
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	(t, etc.) .s
Length of Test	Tubing Prossure	Casing Pressure	Choke Size
Actual Prod. During Test	011-361.	Water - Bbls.	Gas-MCF
l			
GAS WELL Actual Prod. Toot-MCF/D	Longth of Tost	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chake Size
I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED	
		BYDMS1040000 (CH 6	
		TITLE	compliance with RULE 1104.
I Stewart		If this is a request for allowable for a newly drilled or deepend to the form must be accompanied by a tabulation of the deviation	
(Signalwe) Production Secretary		All sections of this form must be filled out completely for allow-	
(Tille) Nov. 3, 1982		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.	
(Da	11.e)	Canada Forme C.104	he filled for each and in multiply

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