

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
H. L. Brown, Jr.

Address
P. O. Box 2237, Midland, Texas 79702

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal TM	Well No. 1	Pool Name, including Formation Siete (San Andres)	Kind of Lease State, Federal or Fee Federal	Lease N 067707
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Location
Unit Letter P : 660 Feet From The south Line and 660 Feet From The east
Line of Section 17 Township 8S Range 31E , NMPM, Chaves Count

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 900, Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 17	Twp. 8S	Rge. 31E	Is gas actually connected? no	When
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If this production is commingled with that from any other lease or pool, give commingling order number: NA

V. 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'
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Date Spudded 10-29-68	Date Compl. Ready to Prod. 11-12-68	Total Depth 3850	P.B.T.D. 3815
Elevations (DF, RKB, RT, GR, etc.) 4220 KB	Name of Producing Formation San Andres	Top Oil/Gas Pay 3712	Tubing Depth 3474
Perforations 3712, 14, 18, 22, 24, 26, 29, 32, 45, 47, 50, 52	Depth Casing Shoe 3850		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	8 5/8"	254'	200 SX
	4 1/2"	3850'	250 SX
	2"	3474'	

VI. 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 all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
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
Testing Method (pirog, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

1. 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.

Jean Mills
Jean Mills
October 22, 1982

(Signature)
(Title)
(Date)

OIL CONSERVATION DIVISION
OCT 26 1982
APPROVED _____
BY JERRY SEXTON
DISTRICT 1 SUPR.
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-

