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DISTRIBUTION

SANTA FE

## OIL CONSERVATION DIVISION

SANTA FE, NEW MEXICO 87501

P. O. BOX 2088

FILE U.S.G.S. LAND OFFICE REQUEST FOR ALLOWABLE OIL AND GAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OPERATOR PRORATION OFFICE Operator Brown, Jr. H. P. O. Box 2237, Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Cil Dry Gas Recompletion Casinghead Gas Condensate Change in Ownership If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE ell No., Pool Name, Including Formation Lease N 067707 state, Federal or Fee Federal Siete (San Andres) 1 Federal TM Location 660 east 660 south Feet From The Line and Feet From The Unit Letter 31E Chaves 88 17 , NMPM, Line of Section Township Range Count II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Transporter of Q11 📉 P. O. Box 900, Dallas, Texas Mobil Pipe Line Company Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas When Is gas actually connected? Rge. 31E 85 If well produces oil or liquids, 17 give location of tanks. NΑ If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Same Res'v. Diff. Re Gas Well New Well Workover Deepen Plug Back Designate Type of Completion - (X) Х Date Compl. Ready to Prod. Total Depth P.B.T.D. Date Spudded 3815 11-12-68 3850 10-29-68 Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay 3474 San Andres 3712 4220 KB Depth Casing Shoe Perforations 3350 3712, 14, 18, 22, 24, 26, 29, 32, 45, 47, 50, 52 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 200 sx 8 5/8' 254 250 sx 3850 4 1/2 (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Casing Pressure Choke Size Length of Test Tubing Pressure Gas - MCF Water - Bble. Actual Prod. During Test Oil - Bbls. **GAS WELL** Gravity of Condensate Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Length of Test Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure ( Shut-in ) oil conservation division  $0\text{CT}\ 2\ 5\ 1982$ 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. ORIGINAL SIGNED BY APPROVED. JERRY SEXTON BY\_ DISTRICT I 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 deep well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111.

(Signature)

(Title)

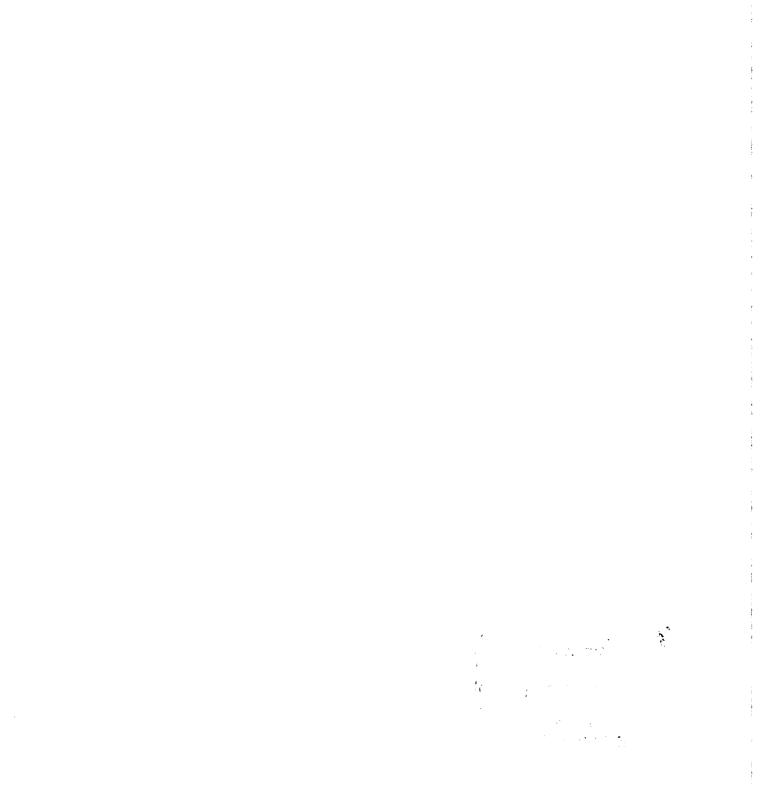
(Date)

Jean Mills

October 22, 1982

All sections of this form must be filled out completely for alle able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of own eil name or number, or transporter, or other such change of conditi Separate Forms C-104 must be filed for each pool in multip



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