NO. OF COPIES RECI	EIVED	
DISTRIBUTIO	ON	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	$\perp$
INANSFORTER	GAS	
OPERATOR		
PRORATION OF	ICE	
Operator		
H. L. Brov	vn, Jr.	

-	SANTA FE REQUEST FOR ALLOWABLE OF BUSINESS								
-	SANTA FE	REQUEST	FUR ALLOWABLEHOUS OF FI	. E. C. E. ective 1-1-65					
	FILE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
-	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATIONAL S	a an ag					
	LAND OFFICE			च स्ता ७५					
	TRANSPORTER OIL								
-	GAS								
	OPERATOR								
1.	Operator								
İ	•	H. L. Brown, Jr.							
-	ddress								
	309 Midland Tower, Midland, Texas 79701								
-	Reason(s) for filing (Check proper box)	7110101111	Other (Please explain)						
	T V	Change in Transporter of:							
	New We!l	Oil Dry Gas	s						
İ	Recompletion	Casinghead Gas Conden	<b>₹</b>						
Change in Ownership Casingheda Gas Condensate  If change of ownership give name and address of previous owner									
								and the second	Company of the same of the sam
					11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation, ( Aux Rand of Leas	Lease No.
Ì	Federal T 1	2 :Undes I gnated	ormation to San And Rand of Lease State, Feder	alor Fee Federal MM067707					
			N 2010						
Location				- Foot					
	Unit Letter 6; 1980 Feet From The North Line and 1980 Feet From The East								
	4-7	vnship 8 - S Range 31	1 - E , NMPM, Chaves	County					
	Line of Section 17 Tow	vnship 8 - S Range 31	, NMFM, CHAVES						
	_								
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which appr	oved copy of this form is to be sent)					
	Name of Authorized Transporter of Oil	or Condensate							
	Permian Corperstion		Box 3119, Midland, T Address (Give address to which appr	oved copy of this form is to be sent)					
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which app.	, , , , , , , , , , , , , , , , , , , ,					
	None		emanada eta	hen					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	nen					
	give location of tanks.	0 17 8 S 31 E	No						
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:						
IV.	COMPLETION DATA			Plug Back   Same Resty. Diff. Resty.					
		Oil Well Gas Well	New Well Workover Deepen	Plug Buck Same Hes William					
	Designate Type of Completic	l	X	P.B.T.D.					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth						
	5-15-69	6-14-69	3742	Tubing Depth					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay						
	4225' KB	San Andres	36921	3634 Depth Casing Shoe					
	Perforations			- '					
	3692 - 3735' with 13	692 - 3735' with 13, 3/8" holes 3742'							
TUBING, CASING, AND CEMENTING RECORD				ALOUS CENEUT					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	11-3/4"	8-5/8"	341'	225					
	7-7/8"	4-1/2"	37421	300					
		2-3/8"	36341						
	TEST DATA AND REQUEST F	OR ALLOWARLE (Test must be	after recovery of total volume of load o	il and must be equal to or exceed top allow-					
V.	OIL WELL	able for this d	epth or be for full 24 hours)						
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	tift, etc.)					
	6-1-69	6-14-69	Flow						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
	24 hours	50#	Packer	24/64"					
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF					
	31 bb/s.	31 bbls	Trace	49					
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
	Actual Prod. Test-MCF/D	200900							
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
	Testing Method (pitot, back pr.)	Tubing Fiess are Course 227							
			OU CONSERV	VATION COMMISSION					
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.		OIL CONSER	1000 COMMISSION						
		BY BY TITLE							
					Petroleum Engineer  (Title)  June 16, 1969  (Date)		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 with RULE 111.  All sections of this form must be filled out completely for allowable 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 conditions.		

Separate Forms C-104 must be filed for each pool in multiply completed wells.

