

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 OF FORM	
DATE	
SANTA FE	
FILE	
U.S.U.R.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

1. Operator

H. L. Brown, Jr.

Address

P. O. Box 2237, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☒Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☒Casinghead Gas ☐Dry Gas ☐Condensate ☐Other **CASINGHEAD GAS MUST NOT BE
FLARED AFTER 12/1/85
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.**If change of ownership give name
and address of previous owner //

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Sunray State	2	Siete (San Andres)	State, Federal or Fee State	K-745
Location				
Unit Letter F	1650	Feet From The West	Line and 1980	Feet From The north
Line of Section 16	T. 8S	Range 31E	NMPM,	Chaves County

SCURLOCK PERMIAN CORP EFF 9-1-91

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation Permian (Eff. 9/1/87)	P.O. Box 1183, Houston, Texas 77001
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 Sec. Twp. Rge. Is gas actually connected? When
F 16 8S 31E //	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
XX	XX							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8-19-85	9-12-85	3794'	3794'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4231' GR	San Andres	3734'	3718.13 RKB					
Perforations			Depth Casing Shoe					
3734'; 3746'-52'; 3766'; 3772'; 3780'-94'			3794'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	360'	250 sx C1 H					
7 7/8"	4 1/2"	3794'	245 sx C1 H					
7 7/8"	2 3/8"	3718.13'						

V. 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 allowable for this depth or be for full 24 hours)

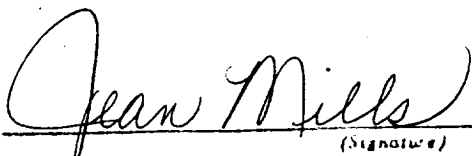
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-12-85	9-22-85	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	85	28	tstm

GAS WELL

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

VI. 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.


(Signature)

Production Clerk

(Title)

9-20-85

(Date)

OIL CONSERVATION DIVISION

APPROVED **OCT 7 - 1985**, 19BY **Eddie W. Seay**TITLE **Oil & Gas Inspector**

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 only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED
SEP 23 1985
HOBBS
C.C.

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section

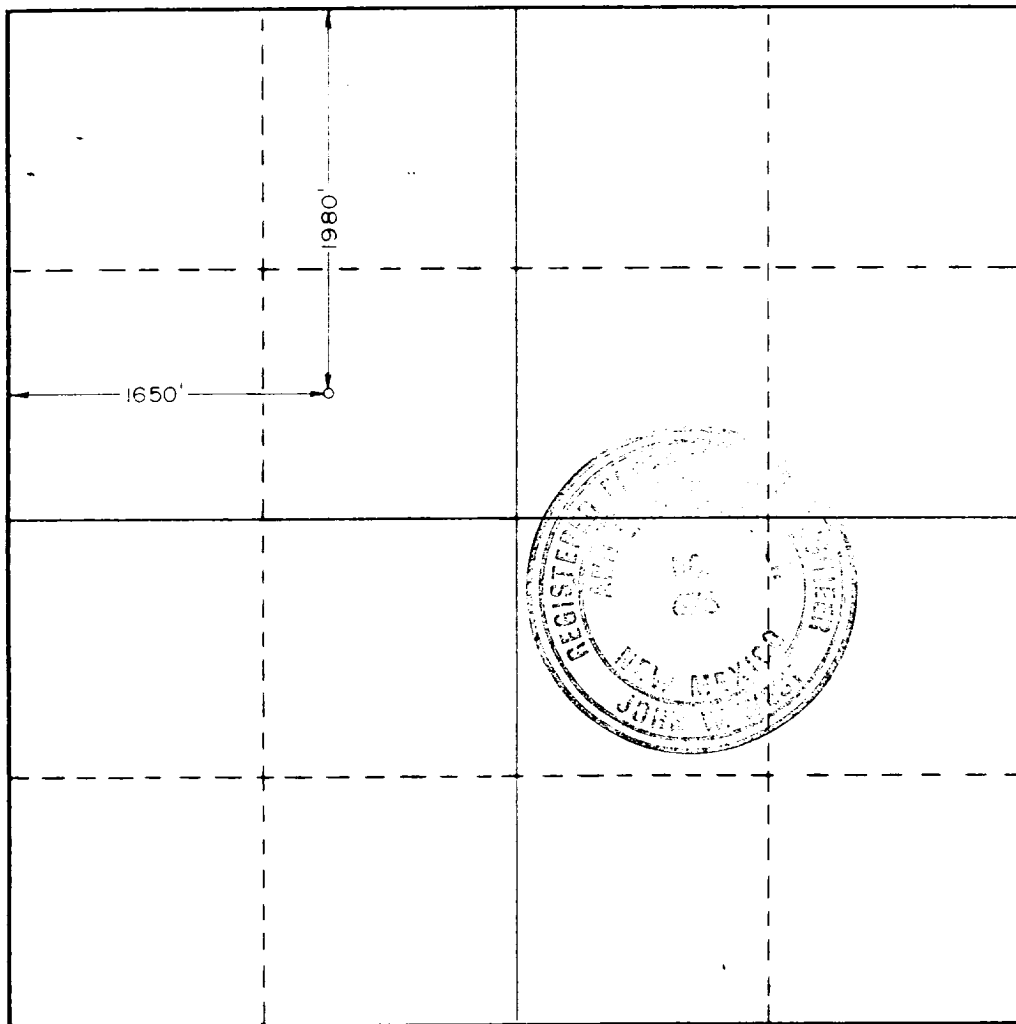
Operator H. L. BROWN JR.		Lease SUNRAY STATE		Well No. 2
Unit Letter F	Section 16	Township 8 SOUTH	Range 31 EAST	County CHAVES
Actual Footage Location of Well: 1980 feet from the NORTH line and 1650 feet from the WEST line				
Ground Level Elev. 4231.1	Producing Formation San Andres	Pool Siete (San Andres	Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Jim Brothers
Name

Jim Brothers

Position

Drilling Superintendant

Company

H. L. Brown, Jr.

Date

June 19, 1985

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

JUNE 12, 1985

Registered Professional Engineer
and/or Land Surveyor

John W. West

Certificate No. JOHN W. WEST, 676
RONALD J. EIDSON, 3239

91746

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SEP 23 1985
O.C.D.
HOBBS OFFICE