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DISTRIBUTION				
SANTA FE				
FILE				
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
	GAS	<u></u>		
OPERATOR				

	DISTRIBUTION SANTA FE	AND		Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
	FILE						
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	AS			
	LAND OFFICE						
	TRANSPORTER GAS						
	OPERATOR						
1.	PRORATION OFFICE	<u> </u>					
	TOM BROWN, INC.						
	P.O. BOX 2608, MIDLAND, TEXAS 79702						
	Reason(s) for filing (Check proper box) New We!!	Want 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
	Recompletion Oil Dry Gas 75 bb1s cond produc			,			
	Change in Ownership	Casinghead Gas Conden	well.				
	If change of ownership give name and address of previous owner	•					
II.	DESCRIPTION OF WELL AND I	LEASE					
	Lease Name Well No. Pool Name, Including Formation K.			Lease No.			
	Middlebrook 3	l Wildcat	The State, Federal	or Fee Federal 65342			
		O Feet From The West Lin	e and 1980 Feet From T	he South			
	Line of Section 3 Tow	riship 10S Range	30E , NMPM, C	naves County			
III.	DESIGNATION OF TRANSPORT		s	,			
	Name of Authorized Transporter of Oil	_	Address (Give address to which approve				
	The Permian Corporation Name of Authorized Transporter of Cas		P.O. Box 1183, Houston, Address (Give address to which approve				
	PENDING						
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. K 3 10S 30E	NO When	1			
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:				
IV.	Designate Type of Completies	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completio	n - (A) XX	XX Total Depth	P.B.T.D.			
	12/31/86	3/7/87	10,688'	9,627'			
	Elevations (DF, RKB, RT, GR, etc.) 4.094 GR	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations	Abo	7,430'	7,460 Depth Casing Shoe			
	7,430' - 7,460'			9,697'			
		T	DEPTH SET	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE	DEFIN SET	SACKS CEMENT			
			-				
V.	TEST DATA AND REQUEST FO		fter recovery of total volume of load oil a	nd must be equal to or exceed top allow-			
	able for this depth or be for full 24 hours) Oute First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF			
	·						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
			TION 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.		BY ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT I SUPERVISOR This form is to be filed in compliance with RULE 1104.				
	Steve S. Fr.	man	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.				
	(Signo	suwe) s Engineer					
	Operations (Tit						
	•	1, 1987	Fill out only Sections I. II.	Fill out only Sections I. H. III. and VI for changes of owner,			
	(Da	ite)	well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply				
			completed wells.				

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