

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 08-01-83
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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FILE		
U.S.D.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Brothers Production Company		
Address P. O. Box 7515, Midland, TX 79708		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	<input type="checkbox"/> Change in Transporter oil	Change of Operator
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Frostman Oil Corp., P. O. Drawer W, Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lea "AV" State	Well No. 2	Pool Name, including Formation Gladiola Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No. B-11589
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>12 South</u> Range <u>38 East</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Pipeline Company	Address (Give address to which approved copy of this form is to be sent) 201 Main St., Suite 500, Ft. Worth, TX 76102	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589, Tulsa, OK 74100	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 19
	Twp. 12-S	Rge. 38-E
	Is gas actually connected? <u>Yes</u> When <u>unknown</u>	

If this production is commingled with that from any other lease or pool, give commingling order number _____

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

BROTHERS PRODUCTION COMPANY

by: Kella McBrans
(Signature)

P.E.
(Title)

2/25/88
(Date)

OIL CONSERVATION DIVISION
MAR 2 - 1988

APPROVED _____, 19____
BY Paul E. Kautz
TITLE Geologist

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

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