

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

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"/> Accomplishment <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Change of Operator	

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. 4	Pool Name, including Formation Gladiola Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No. B-11589
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</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 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 F	Sec. 19
	Twp. 12-S	Rge. 38-E
	Is gas actually connected? Yes	
	When unknown	

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:

PE
(Signature)

2/25/88
(Title)

(Date)

OIL CONSERVATION DIVISION

MAR 2 - 1988

APPROVED _____

BY Paul B. Rader

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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FEB 29 1988
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HOBS OFFICE

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FEB 03 1992
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