

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                  |            |
|------------------|------------|
| DATE RECEIVED    |            |
| EXPIRATION DATE  |            |
| FILE NO.         |            |
| DATE             |            |
| UNIT NO.         |            |
| UNIT OFFICE      |            |
| TRANSPORTER      | OIL<br>GAS |
| OPERATION        |            |
| OPERATION OFFICE |            |
| UNIT NO.         |            |

H. L. Brown, Jr.

P. O. Box 2237, Midland, Texas 79702

Check proper box for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐  
Casinghead Gas ☐Dry Gas ☐  
Condensate ☐

Other (Please explain)

Reclassify field name from West New Hope  
Permo (Penn) to East, New Hope (Wolfcamp)  
PoolIf change of ownership give name  
and address of previous owner NA

## DESCRIPTION OF WELL AND LEASE

|             |          |   |                       |                        |
|-------------|----------|---|-----------------------|------------------------|
| Lease Name  | Well No. | Pool Name, Including Formation                          | Kind of Lease         | Lease No.              |
| Mary Martin | 1        | East, New Hope (Wolfcamp)                               | State, Federal or Fee | 13566                  |
| East Letter | P        | 660 Feet From The south Line and 660 Feet From The east |                       |                        |
| Section     | 29       | Township 6S   | Range 34E             | NMPM, Roosevelt County |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |
|---|--|
| Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>         | Address (Give address to which approved copy of this form is to be sent) |
| 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) |
| Perman Corp.  |  |
| Cities Service  |  |
| Well produces oil or liquids,<br>or location of tanks.  | Unit Sec. Twp. Rge. Is gas actually connected? When                      |

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

## COMPLETION DATA

|                                    |                             |                 |                   |          |        |           |             |            |
|------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|-------------|------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well        | New Well          | Workover | Deepen | Plug Back | Same Res'y. | Diff. Res. |
| Date Spudded                       | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.          |          |        |           |             |            |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth      |          |        |           |             |            |
| Perforations                       |                             |                 | Depth Casing Shoe |          |        |           |             |            |

## TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

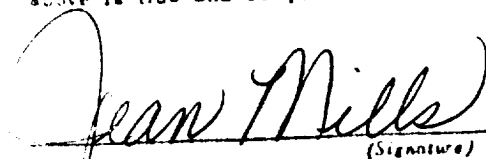
TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL.(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil  
able for this depth or be for full 24 hours)

|                                 |                 |   |            |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

## GAS WELL

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

## 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.

Production Clerk

December 14, 1984

(Title)

(Date)

## OIL CONSERVATION DIVISION

FEB - 8 1985

APPROVED \_\_\_\_\_, 12

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1101.

If this is a request for allowable for a newly drilled or deep  
well, this form must be accompanied by a tabulation of the device  
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for el  
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ow  
well name or number, or transporter, or other such changes of condi  
Separate Form C-104 must be filed for each pool in mult  
completed wells.