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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	10	HANS	PORT OIL	AND NA	UHAL GA					
Operator	Well API No.									
H. L. Brown, Jr. Address					30-041-20762					
Post Office Box 22	37, Midla	and, Te	xas <u>79702</u>							
Reason(s) for Filing (Check proper box)				Othe	t (Please expla	in)				
New Well		ange in Trai								
Recompletion Oil Dry Gas A										
Change in Operator	Casinghead G	as Cor	idensate							
and address of previous operator			·							
II. DESCRIPTION OF WELL.	AND LEAS				···					
Lease Name	W	ell No. Poo	ol Name, Includir	g Formation			of Lease Federal or Fed		ase No.	
Boys Ranch		1 Ea	st New Ho	pe-Wolf	camp Gas	PobI)"	- I COCION ON ICA	N/	A	
Location Unit Laner 0	6	60 Fee	et From The	South :	1980) _E .	et From The	East	1 *	
Unit Letter	_ :	ree	x rrom ine	1100	and	<u> </u>	et From The		Line	
Section 29 Township	p 6S	Rai	nge 34E	, NI	MPM,	Rooseve	<u>lt</u>		County	
III. DESIGNATION OF TRAN				RAL GAS				 		
Name of Authorized Transporter of Oil or Condensate Permian SCURLOCK PERMIAN CORP EFF 9-1-91 P. O. Box 1183, Houston, Texas 77251-1183									•	
Permian Scortcock Ferminal Corr Err 3-1-31 Name of Authorized Transporter of Casinghead Gas or Dry Gas X					P. O. Box 1183, Houston, Texas 77251-1183 Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum	P. O. Box 1589, Tulsa, Oklahoma 74102									
If well produces oil or liquids,										
give location of tanks.	i o i	-	S 34E	Yes						
If this production is commingled with that	from any other	lease or pool	i, give commingli	ing order numl	жг					
IV. COMPLETION DATA					· ·		•	<u>,</u>		
Designate Type of Completion		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
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							Doeth Casis	Depth Casing Shoe		
Periorations							Depui Casii	ng Shoe		
	ТП	BING. CA	ASING AND	CEMENTI	NG RECOR	D	1			
HOLE SIZE		NG & TUBII		DEPTH SET			SACKS CEMENT			
			··				 			
	 									
V. TEST DATA AND REQUES	ST FOR AL	LOWAB	LE				<u> </u>			
OIL WELL (Test must be after t				be equal to or	exceed top allo	wable for the	s depth or be	for full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Test				ethod (Flow, pu					
				Color			Choke Size			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
							1	· · · · · · · · · · · · · · · · · · ·		
GAS WELL				T			·			
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			
results received (puck, cack pr.)	- Joing I look	(2 14)			- , /					
VI. OPERATOR CERTIFIC	ATE OF (COMPLI	IANCE		011 00:	1055	ATION	D. // C. /		
I hereby certify that the rules and regulations of the Oil Conservation				(OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above								a + 5155	-1	
is true and complete to the best of my knowledge and belief.				Date Approved						
Mark A. Souch							٠.	and Circle		
Signature						<u></u>	E WAR COM	36		
Mark Gosch Production Engineer Printed Name Title					···					
2/8/91 (915) 683-5216										
Date		Telepho	one No.					<u>.</u>		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.