

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2008  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Brothers Production Company

Address Post Office Box 7515, Midland, Texas 79708

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Costinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner Hondo Oil & Gas Company, Post Office Box 2208, Roswell, NM 88202-2208

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Johns "B" DE</u>	Well No. <u>2</u>	Pool Name, including formation <u>Maljamar GB-SA</u>	Kind of Lease State, Federal or Free <u>Federal</u>	Lease No. <u>LC-059152</u>
Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>620</u> Feet From The <u>West</u>				
Line of Section <u>24</u> Township <u>17S</u> Range <u>32E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> of Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>NONE - WIW</u>	
Name of Authorized Transporter of Costinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>NONE - WIW</u>	
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When

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.

Phylla M. Grant  
(Signature)

P.E.

3/25/88  
(Date)

OIL CONSERVATION DIVISION

APPROVED

MAR 2 - 1988

BY

Orig. Signed by  
Paul Kautz  
Geologist

TITLE

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 multiple completed wells.

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