

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES DESIRED	
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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter oil: <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 Mal Gra Unit B	Well No. 1	Pool Name, including Formation Maljamar Grayburg San Andres	Kind of Lease State, Federal or Fee State	Lease No. B-2148
Location Unit Letter <u>I</u> : <u>660</u> Feet From The <u>East</u> Line and <u>1980</u> Feet From The <u>South</u> Line of Section <u>20</u> Township <u>17 South</u> Range <u>33 East</u> , NMPM, <u>Lea</u> 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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Nat'l. Gas Co.	Address (Give address to which approved copy of this form is to be sent) Bartlesville, OK 74004	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 20
	Twp. 17S	Rge. 33E
	Is gas actually connected? <u>Yes</u> When <u>3-15-55</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:

John A. McBrat  
(Signature)

P.E.

(Title)

2/25/88

(Date)

OIL CONSERVATION DIVISION

APPROVED 3-15-88, 19  
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 multiply completed wells.