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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

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator H. L. Brown, Jr.		Well API No. 3002528313
Address P. O. Box 2237, Midland, TX 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Cancel N. Anderson Ranch Circ. Canyon		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 32	Well No. 1	Pool Name, Including Formation Anderson Ranch N. (Wolfcamp)	Kind of Lease (State, Federal or Fee) State	Lease No. N/A
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>15-South</u> Range <u>32-East</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Scurlock/Permian	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4648, Houston, TX 77210				
Name of Authorized Transporter of Casinghead Gas Conoco, Inc.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1267, Ponca City, OK 74602				
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 32	Twp. 15-S	Rge. 32-E	Is gas actually connected? Yes	When? 1/25/93

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v
Date Spudded 10/9/83	Date Compl. Ready to Prod. 1/16/93		Total Depth 13,430		P.B.T.D. 9800			
Elevations (DF, RKB, RT, GR, etc.) 4306 GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 9768		Tubing Depth 9786 EOT			
Perforations 9768-9776, 2 JSPF (Total 16 Holes)					Depth Casing Shoe 12,350			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
18-1/2	16"		432		275 sx Class "C"			
14-3/4	10-3/4"		4,253		2350 sx Lite			
9-1/2	7-5/8"		12,350		775 sx Class "H"			

V. 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 allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank 1/16/93	Date of Test 1/28/93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure --	Casing Pressure 80	Choke Size --
Actual Prod. During Test	Oil - Bbls. 2	Water - Bbls. 5	Gas - MCF 120

GAS WELL

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

VI. OPERATOR 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.

Signature
Robert K. Wilson
Printed Name
Robert K. Wilson
Title
Production Engineer
Date
1/29/93
Telephone No.
915/683-5216

OIL CONSERVATION DIVISION

Date Approved
FEB 01 1993
By
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title

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.

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FEB 01 1993
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