

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator
H. L. Brown, Jr.

Address
P. O. Box 2237 Midland, Tx. 79702

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐
Casinghead Gas ☒

Dry Gas ☐
Condensate ☒

Other (Please explain)

Permission to move approximately 70 bbl. oil swabbed during testing of Morrow Zone.

If change of ownership give name and address of previous owner N/A

II. DESCRIPTION OF WELL AND LEASE

Lease Name State 32	Well No. 1	Pool Name, including Formation Wildcat - Morrow	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>S</u> Line and <u>660</u> Feet From The <u>E</u> Line of Section <u>32</u> Township <u>15S</u> Range <u>32E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183 Houston, Tx. 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2197 Houston, Tx. 77252
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When <u>P</u> <u>32</u> <u>15S</u> <u>32E</u> Yes 10-20-84

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
Date Spudded 10-9-83	Date Compl. Ready to Prod. 10-20-84	Total Depth 13,430'	P.B.T.D. 12,173'					
Elevations (DF, RKB, RT, GR, etc.) 4306' GL	Name of Producing Formation Morrow	Top Oil/Gas Pay 12,132'	Tubing Depth					
Perforations 12,132' - 38', 12,156' - 170'							Depth Casing Shoe	

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"	4253'	2350 sx pacesetter
9-1/2"	7-5/8"	12,350'	775 sx Class H
6-1/2"	5-1/2"	12,264'	200 sx Class H

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 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 190	Length of Test 4 hrs.	Bbls. Condensate/MMCF 12	Gravity of Condensate 62.0
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (Shut-in) 1350#	Casing Pressure (Shut-in) -0-	Choke Size 10/64"

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.

Jan Mills
(Signature)

Production Clerk

(Title)

6-11-85

(Date)

OIL CONSERVATION DIVISION

JUN 13 1985

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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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