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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-  
Effective 1-1-65

I.

Operator		H. L. Brown, Jr.	
Address		P. O. Box 2237, Midland, Texas 79702	
Reason(s) for filing (Check proper box)			
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>
		Other (Please explain) CASINGHEAD GAS MUST NOT BE FLARED AFTER 5/21/84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.	
If change of ownership give name and address of previous owner		NA North Anderson Ranch Cienega Canyon R. 7714 (11-1-84)	

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State 32	1	Undesignated - Anderson Ranch	State, Federal or Fee State	//
Location				
Unit Letter	P	660	Feet From The	S
			Line and	660
			Feet From The	E
Line of Section	32	Township	15S	Range
			32E	, NMPM,
			Lea	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"/>	Address (Give address to which approved copy of this form is to be sent)	
The Permian Corporation	P.O. Box 1180, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
//	//	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	P	32
		Twp.
		15S
		Pge.
		32E
Is gas actually connected?	When	
no	//	

If this production is commingled with that from any other lease or pool, give commingling order number: no

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		XX	XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10-9-83	3-7-84	13,430'	11,949'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
4306'	Canyon	10,498'	10,425'					
Perforations	Depth Casing Shoe							
10,493' - 10,508'	13,378'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
18 1/2"	16"	84.00#	432'	275 sx Class C				
14 3/4"	10 3/4"	45.50# 855.50#	4253'	2350 sx Pacesetter Lit				
9 1/2"	7 5/8"	33.7 #	12,350'	775 sx Class H				
6 3/4"	5 1/2"	20#	13,378'	200 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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-2-84	3-7-84	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	955	0	11/64"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
470 bbls	182	0	344.5

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jean Mills  
(Signature)  
Production Clerk  
(Title)

OIL CONSERVATION COMMISSION

APPROVED MAR 19 1984, 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 deviated tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allow-

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