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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
H. L. Brown, Jr.  
Address  
P. O. Box 2237, Midland, Texas 79702  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Request permission to move approximately 60 bbls of oil recovered during DST of Wolfcamp zone. Still drilling.  
If change of ownership give name and address of previous owner NA

II. DESCRIPTION OF WELL AND LEASE  
Lease Name State 32 Well No. 1 Pool Name, including Formation Wolfcamp Kind of Lease State, Federal or Fee State Lease No. NA  
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 ☒ or Condensate ☐  
The Permian Corporation Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 1180, Houston, Texas 77001  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
NA 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 P Sec. 32 Twp. 15S Rge. 32E Is gas actually connected? No When

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)  
Date Spudded 10-9-83 Date Compl. Ready to Prod. NA Total Depth 432' P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) 4306' Name of Producing Formation Wolfcamp Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  
17 1/2" 16" 84.00' K-55 432' 275  
12 1/4" 10 3/4" 45.50' .51' & 4253' 2350 sx 630 sx  
55.50' ST & C

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.)  
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 Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pistos, 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 Division 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)  
12-12-83 (Date)  
OIL CONSERVATION DIVISION  
APPROVED DEC 22 1983 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT SUPERVISOR  
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.

DEC 21 1988

HOBBS OFFICE