

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
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 type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner // THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

II. DESCRIPTION OF WELL AND LEASE

Lease Name State UTP	Well No. 3	Pool Name, Including Formation Wildcat (Morrow) R-7763	Kind of Lease State, Federal or Fee State	Lease No.
Location				
Unit Letter P	660	Feet From The south	Line and 990	Feet From The east
Line of Section 16	Township 15S	Range 32E	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"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation Permian (Eff. 9/1/87)	P. O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Conoco Inc.						
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 16	Twp. 15S	Rge. 32E	Is gas actually connected? Yes	When 9-21-84

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		XX	XX					
Date Spudded 5-4-84	Date Compl. Ready to Prod. 9-2-84	Total Depth 12,520'	P.B.T.D. 12,446'					
Elevations (DF, RKB, RT, GR, etc.) 4298.7 GR	Name of Producing Formation Morrow	Top Oil/Gas Pay 12,373'	Tubing Depth 12,398'					
Perforations 12,373' - 12,398'			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	504'	525 SX
11"	8 5/8"	4115'	1200 SX
7 7/8"	5 1/2"	12,519'	1250 SX
5 1/2"	2 3/8"	12,327' tbq.	

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)

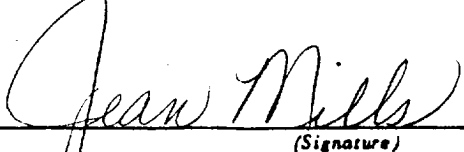
Date First New Oil Run To Tanks 8-31-84	Date of Test 9-6-84	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 855	Casing Pressure	Choke Size 11/64
Actual Prod. During Test 555 BOPD	Oil - Bbls. 555	Water - Bbls. 0	Gas - MCF 2954

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. 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)
Production Clerk
(Title)
9-18-84
(Date)

OIL CONSERVATION DIVISION
SEP 21 1984
APPROVED _____
BY _____
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.

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RECEIVED

SEP 19 1984

HOUSE OFFICE