

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

Operator
H. L. Brown, Jr.Address
P. O. Box 2237, Midland, Texas 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)

If change of ownership give name
and address of previous owner

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DESCRIPTION OF WELL AND LEASE

Lease Name Lovelady State	Well No. 1	Pool Name, Including Formation Anderson Ranch (Wolfcamp)	Kind of Lease State, Federal or Fee State	Lease No. LG2943
Location Unit Letter <u>E</u> : <u>2173</u> Feet From The <u>north</u> Line and <u>467</u> Feet From The <u>west</u> Line of Section <u>15</u> Township <u>15S</u> Range <u>32E</u> , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

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 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2197, STE2850, Houston, Texas 77252					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 15	Twp. 15S	Rge. 32E	Is gas actually connected? yes	When 11-26-85

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

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COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded July 12, 1985	Date Compl. Ready to Prod. 10-17-85	Total Depth 12,528'	P.B.T.D. 9,940'					
Elevations (DF, RKB, RT, GR, etc.) 4287' GL	Name of Producing Formation Wolfcamp	Top Oil/Gas Pay 9,812'	Tubing Depth 9,878'					
Perforations 9812' - 9870'			Depth Casing Shoe 9,878'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	538'	550 sx Cl C
11"	8 5/8"	4105'	1600 sx
7 7/8"	5 1/2"	12,528'	20' w/CIBP

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)

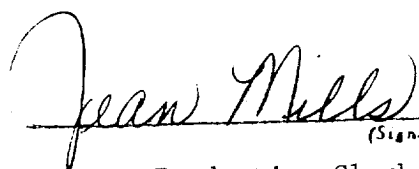
Date First New Oil Run To Tanks 10-17-85	Date of Test 10-22-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	Choke Size 16/64"
Length of Test 24 hrs	Tubing Pressure 400	Casing Pressure	Gas-MCF 175
Actual Prod. During Test	Oil-Bbls. 206	Water-Bbls. 29	

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

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)

11-26-85

(P)

OIL CONSERVATION DIVISION

DEC 4 - 1985

APPROVED

BY ORIGINAL SIGNED BY JERRY SEXTON¹⁹
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 deviate 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 conditions.

Separate Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED

DEC 3 - 1984

G.C.D.
HOLDS OFFICE