

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|---|---|
| Operator H. L. Brown, Jr. | Well API No. 30-025-31848 |
| Address P. O. Box 2237, Midland, Texas 79702 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | |
| 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 Operator <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|---------------------|
| Lease Name North Feather State Unit | Well No. 1 | Pool Name, Including Formation Wildcat (Morrow) Gas | Kind of Lease State, Federal or Fee | Lease No. V-2999 |
| Location Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>15-S</u> Range <u>32-E</u> , NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| 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) |
| Scurlock Permian Corporation | P. O. Box 4648, Houston, Texas 77210-4648 |
| 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. | 10 Desta Dr. Room E-509, Midland, Tx 79705 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When ? |
| | H 16 15-S 32-E Yes 4-4-93 |

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 |
| | | X | X | | | | | |
| Date Spudded 1-31-93 | Date Compl. Ready to Prod. 4-04-93 | Total Depth 12,480' | | P.B.T.D. 12,440' | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 4297.9 GR | Name of Producing Formation Morrow | Top Oil/Gas Pay 12,376' | | Tubing Depth 12,285' | | | | |
| Perforations 12,376-12,403' | | | | Depth Casing Shoe 12,462' | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 20 | 20 | 2 3/8 | 39' | | 2.75 yds | | | |
| 17 1/2 | 13 3/8 | 2 3/8 | 503' | | 450 sx | | | |
| 11 | 8 5/8 | 2 3/8 | 4149' | | 1000 sx | | | |
| 7 7/8 | 5 1/2 | 2 3/8 | 12462' | | 1350 sx | | | |

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 Tank | 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 738 | Length of Test 4 hrs | Bbls. Condensate/MMCF 24 | Gravity of Condensate 58.5 |
| Testing Method (pilot, back pr.) Back Pressure | Tubing Pressure (Shut-in) 1198 | Casing Pressure (Shut-in) 10 | Choke Size 13/64 |

VI. OPERATOR 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 John I. Gray
John Gray Production Engineer
Printed Name Title
5/24/93 (915) 683-5216
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 07 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

100-443887-100

ENCLOSURE

RECEIVED
MAY 27 1993
OCD HOBBS OFFICE