Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico

Ainerals 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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	O TRANS	SPORT OIL	AND NA	TURAL GA	S				
Operator						Well API No.				
H. L. Brown, Jr.					30-025-31848					
Address										
P. O. Box 2237, M	<u>lidland.</u>	Texas	79702	[TT] 0.1						
Reason(s) for Filing (Check proper box)  New Well  Change in Transporter of: Request to move 500 barrels condensate										
Recompletion										
a la prior to new poor designation approval.										
If change of operator give name	Camingread	<u> </u>	noenate			ecty 1	443			
and address of previous operator				······································	····					
II. DESCRIPTION OF WELL	AND LEAD	SE								
Lease Name Well No. Pool Name, Includin					ng Formation Kir			of Lease No.		
North Feather State U	-			Federal or Fee V-2999						
Location										
Unit Letter H : 1650 Feet From The North Line and 990 Feet From The East Line										
Text from the Inc										
Section 16 Township 15-S Range 32-E , NMPM, Lea County										
III DESIGNATION OF TRANSPORTED OF OU AND NATURAL CAS										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil										
•	1									
Scurlock Permian Corporation  Name of Authorized Transporter of Casinghead Gas or Dry Gas X					P. O. Box 4648, Houston, Texas 77210-4648					
Conoco					Address (Give address to which approved copy of this form is to be sent)					
				10 Desta Dr. Room E-509, Midland, Texas 79705 Is gas actually connected? When?						
give location of tanks.   H   16   15-S  32-E				Yes		1 When	4-4-93			
If this production is commingled with that f	rom any othe		<del></del>				<del> </del>			
IV. COMPLETION DATA	,		, ,					······································		
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	· (X)	Ì	İ	i	<b>j</b> i	•	i			
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
					Top Oil/Gas Pay					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Pay		Tubing Depth			
					•••					
Perforations							Depth Casing	Shoe		
TUBING, CASING AND				CEMENTI		<u> </u>				
HOLE SIZE CASING & TUBING SIZE			NG SIZE	DEPTH SET			S	SACKS CEMENT		
					<del></del>					
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE				<u> </u>	<del></del>		
OIL WELL (Test must be after re				be equal to or	exceed top allo	wable for thi	depth or be fo	or full 24 hour	s.)	
Date First New Oil Run To Tank	Date of Test				ethod (Flow, pu			·		
				,	,		·			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
				_						
Actual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL			<del></del>							
Actual Prod. Test - MCF/D	Length of T	est		Bbls, Conden	sate/MMCF		Gravity of Co	ondensate		
							'			
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COMPI I	ANCE							
				(	DIL CON	<b>ISERV</b>	ATION [	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					JUN 3 0 1993					
is true and complete to the best of my knowledge and belief.					Date Approved					
	4				, ibbiose					
John Hay.				By Orig. Signed by						
Signature Production Engineer				By Paul Kautz						
John Gray Production Engineer Printed Name Talle					•	Ger	ologist			
•	915) 683		w	Title						
Date		Telepho	ne No.							

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.