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LAND OFFICE					
IRANSPORTER	OIL				
	GAS				
OPERATOR					
PROBATION OFFICE					

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	FILE	REQUEST	FOR ALLOWABLE	Supersedes O Eliactiva 1-1-	ld C-104 and C-11:	
	U.S.G.S.	AUTUODIZATION TO TO	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL G			
	LAND OFFICE	AUTHORIZATION TO TRA	THURIZATION TO TRANSPORT OIL AND NATURAL GAS			
	TRANSPORTER OIL					
	GAS					
	OPERATOR	_				
I.	PRORATION OFFICE Operator	<u> </u>				
	H. L. Brown, Jr.					
	Address					
	309 Midland Tower,	Midland, Texas 79701				
	Reason(s) for filing (Check proper box		Other (Please expla	in)	ım	
New Well Change in Transporter of: Well recompleted from NW Recompletion X Oil Dry Gas Wolfcamp to Vacuum Graybu						
	Recompletion A Change in Ow ership	Oil Dry Go Casinghead Gas Conder		racaam arajbarg o	211 711141 65	
	Shanda in the internal					
	If change of ownership give name and address of previous owner					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.					
	State "B"	1 Vacuum Graybur		Federal or Fee State	B-5659	
	Location	1 Vacuum di aybut	g Juli Fillules			
	1 -	310 Feet From The South Lin	ne and 860 Fee	et From The East		
	Unit Letter :		r ee	erromine		
	Line of Section 6 Tov	wnship 17S Range	34 E , NMPM,	Lea	County	
		MDD AD AN AND NAMED 15 15	16			
III.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which	h approved copy of this form is	to be sent)	
	Texas New Mexico Pipe		P. O. Box 1510,		9701	
	Name of Authorized Transporter of Cas	singhead Gas XX or Dry Gas		h approved copy of this form is		
	Phillips Petroleum	·	Bartlesville, Oklahoma			
If well produces oil or liquids,		Unit Sec. Twp. P.ge.	Is gas actually connected?	When		
	give location of tanks.	I 6 17S 34E	Yes	11-15-73		
		th that from any other lease or pool,	give commingling order numb	er:	·	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Dec	epen Plug Back Same Re	s'v. Diff. Res'v.	
	Designate Type of Completic	$\operatorname{pn} = (X)$		X ;	X	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	11-22-71	11-15-73	11,065'	4657' Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay 4643	4531 1		
	4139 KB	San Andres	1 4043	Depth Casing Shoe		
	4643' - 4651'			46651	4665'	
			CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CE	MENT	
	17-1/2" 11"	11-3/4" 8-5/8"	345' 4665'	400 250		
	8-5/8"	2-7/8"	4531'	230		
	3 0, 0	1 170	1			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of i	load oil and must be equal to or	exceed top allow-	
••	OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump	1/6		
	Date First New Oil Run To Tanks	Date of Test	1 _	, gas isji, etc.,		
	12-3-73 Length of Test	12-6-73 Tubing Pressure	Pump Casing Pressure	Choke Size		
	24 hours					
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF		
	5-1/2 bbls	5-1/2	-0-	TSTM		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	•	
	Actual Prod. 1981-MCF/D	Equipment 1				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIANCE	CE	OIL CONS	ERVATION COMMISSIO	N	
					10	
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED	1-		
Commission have been complied with and that the informa above is true and complete to the best of my knowledge is		to best of my knowledge and belief.	BY			
			TITLE			
	B D Dalian /SA	5-6-	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.			
	B. D. Baker	ature)				
	Petroleum Engineer		tests taken on the well i	n accordance with RULE 19 form must be filled out compl	1.	
	/Tie	:le)	All sections of this	"r"4 "".44" our meer oe ruree our rombi		