

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE RECEIVED
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-
 Effective 1-1-65

OCT 12 '89

O. C. J.
 ARTESIA, OFFICE

DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	OIL <input type="checkbox"/>
	GAS <input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

Operator
 BRANEX RESOURCES, INC. ✓
 Address
 PO BOX 2328, ROSWELL NM 88202-2328

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change In Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change In Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner
 BRAN OIL CORPORATION, PO BOX 2328, ROSWELL NM 88202-2328

DESCRIPTION OF WELL AND LEASE

Lease Name Osage "33" Com.	Well No. 1	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>B</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>33</u> Township <u>6 South</u> Range <u>26 East</u> , NMPM, <u>Chaves</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. Is gas actually connected? When

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
			Part FD-3					
			12-1-87					
			chg of name					

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	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	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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Karen Carlton
 (Signature)
Land Secretary
 (Title)
10/11/89
 (Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 29 1989, 19
 BY W. Williams
 TITLE SUPERVISOR, DISTRICT II

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 well name, etc.