

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OCT 28 1991.

I. Operator **ENERDYNE CORPORATION** **OIL CON. DIV. / DIST. 3**

Address **Post Office Box 502, Albuquerque, N.M. 87103**

Reason(s) for filing (Check proper box) **Other (Please explain)**

<input type="checkbox"/> New Well	Change in Transporter oil	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership			

If change of ownership give name and address of previous owner **BRANA CORP. 320 Gold Ave. SW, #1223, Albuquerque, NM 87102**

II. DESCRIPTION OF WELL AND LEASE

Lease Name State	Well No. 20	Pool Name, including Formation Chaco Wash- MV	Kind of Lease State, Federal or Fee State	Lease No. LG2779
Location Unit Letter A : 990 Feet From The North Line and 1315 Feet From The East Line of Section 28 , Township 20 North Range 9 West , N.M.P.M. McKinley County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> INJECTION WELL	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"/> NA	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. Rgs. Is gas actually connected? when N/A

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

NOTE: Complete Parts IV and V on reverse side if necessary.

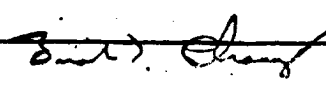
VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


(Signature)
DON L. HANOSH, PRESIDENT
10/25/91
(Date)

OIL CONSERVATION DIVISION

OCT 28 1991

APPROVED _____, 19____
BY 
TITLE **SUPERVISOR DISTRICT #3**

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 owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.