

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.C.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	U.S.
PROBATION OFFICE	

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
OCT 28 1991

I. Cooperator 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)
☐ New Well	☐ Change in Transporter oil	
☐ Recompletion	☐ Oil ☐ Dry Gas	
☒ Change in Ownership	☐ Casinghead Gas ☐ Condensate	

If change of ownership gives name and address of previous owner: BRANA CORP., 320 Gold Ave. S.W., #1223. Albuquerque, NM 87102

II. DESCRIPTION OF WELL AND LEASE

Lease Name State	Well No. 29	Pool Name, including Formation Chaco Wash- MV	Kind of Lease State, Federal or Free State	Lease No. LG2779
Location Unit Letter <u>G</u> : <u>2010</u> Feet From The <u>North</u> Line and <u>1360</u> Feet From The <u>East</u> Line of Section <u>28</u> , Township <u>20 North Range 9 West</u> , N.M.P.M. McKinley County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

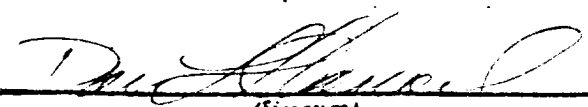
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) Box 159, Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ NA	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when
	A 28 20N 9W 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 Don L. Hanosh

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.