

DISTRIBUTION			
JANUARY			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator SHERMAN F. WAGENSELLER	
Address Brana Corporation, 1223 First Interstate Bldg, Albuquerque, NM 87102	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mobil Apache	Well No. 20	Pool Name, including Formation Pictured Cliffs-So. Blanco	Kind of Lease State, Federal or Fee	Lease No. 162
Location Unit Letter <u>P</u> ; <u>790</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u> Line of Section <u>17</u> Township <u>23N</u> Range <u>2W</u> , NMPM, <u>Rio Arriba</u> County				

III. 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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Gas Company	Box 1492, El Paso, TX, 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					NO	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9-24-83	Date Compl. Ready to Prod. 10-29-83	Total Depth 3200	P.B.T.D. 3132					
Elevations (DF, RKB, RT, GR, etc.) 7360 Gr.	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3052	Tubing Depth 3111					
Perforations 3052-59 and 3072-77, 12' @ 2 SPF.			Depth Casing Shoe 3172					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
9 7/8	7"-23#	110	66CF-Circulated					
6 1/4	4 1/2"-10.6#	3132	525					
	2 3/8", 4.7#	3111 - tubing						

V. 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)

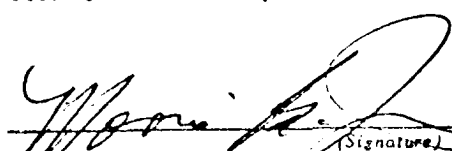
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 635	Length of Test 3 Hrs	Bbls. Condensate/MMCF -0-	Gravity of Condensate -
Testing Method (pitot, back pr.) Choke-THC	Tubing Pressure (shut-in) 802psig	Casing Pressure (shut-in) 821 psig	Choke Size 3/4"

VI. 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.


Morris B. Jones, Engineer
(Title)
November 10, 1983
(Date)

OIL CONSERVATION COMMISSION
11-18-83 NOV 1 1983
APPROVED
BY Original Signature of J. CHAVEZ
SUPERVISOR DISTRICT # 3
TITLE

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 Form C-104 must be filed for each pool in multiple