

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-111
Effective 1-1-65

I.

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

Operator SHERMAN F. WAGENSELLER		
Address Brana Corp, 1223 First Interstate Bnk.Blg, 320GoldAvSW, Albuq, 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. 23	Pool Name, Including Formation South Blanco PC	Kind of Lease Jicarilla State, Federal or Fee	Lease No. 168
Location Unit Letter <u>K</u> ; <u>1650'</u> Feet From The <u>South</u> Line and <u>1850'</u> Feet From The <u>West</u> Line of Section <u>13</u> Township <u>23N</u> Range <u>3W</u> , NMPM, Rio Arriba 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)	
EI Paso Gas Company	Farmington, N.M.	
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 10-22-84	Date Compl. Ready to Prod. 7-1-85		Total Depth 3300		P.B.T.D. 3258			
Elevations (DF, RKB, RT, GR, etc.) 7452Gr	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 3200		Tubing Depth 3248			
Perforations Pic. Cliffs, 3200-08 & 3231-34, 11' @ 2 SPF(0.53" holes).					Depth Casing Shoe 3295'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
10 1/2	8 5/8", 24#		108		70-Cmt circulated			
6 3/4"	4 1/2", 10.5#		3295		357 circ. to surf.			
	2 3/8", 4.7#		3248		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 hrs.)

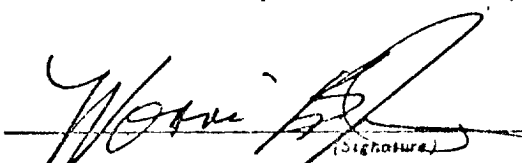
Date First New Oil Run To Tanks	Date of Test	Producing Method (Log pump, Gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 592	Length of Test 3 hrs	Bbls. Condensate/MMCF -0-	Gravity of Condensate
Testing Method (pitot, back pr.) T C Choke	Tubing Pressure (shut-in) 858	Casing Pressure (shut-in) 852	Choke Size 3/4" TC

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)
July 15, 1985
(Date)

OIL CONSERVATION COMMISSION
7.25-85
JUL 25 1985
APPROVED
BY Original Signed by FRANK T. CHAVEZ
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 multiple