State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89
See Instructions at Bottom of Page

Appropriate in inci Office
DISTRICT 1
P.O. Pox 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	i	IO THAN	<u> 1250</u>	HT OIL	AND NA	I UHAL GA					
Prana Corporation					··· —-		Well	API No.			
Brana Corporation	<u> </u>					·					
320 Gold Ave. S.W	1., 1223	First	Inte	rstate				87102			
eason(s) for Filing (Check proper box)		O in T	·	f:	U Oth	et (Please expl	aun)				
	Oil	Change in T	ransport Dry Gas	er 01:							
completion	Casinghead		Condens								
					: 200 1	Inta Tax	C	- 200 4	:-l: T	v 70701-	
address of previous operator AGO	be UII	and Gas	Lor	porat	ion,300 \	WEST TEX	as,5uit	E300, M	idiand, i	x 79701-	
DESCRIPTION OF WELL	AND LEA					 	T				
Scott Suith Bla					ing Formation Kind			of Lease Lease Federal of Fee SF-0791		zase No. 79186	
Scott '>	<u>i</u>	B-1 1	Sout	n Blai	nco - PC					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Unit Letter	_ :10	90 I	eet From	n The	North Lin	and	090 1	Feet From The	West	Line	
Section 5 Township 26N Range 6W					. NI	мрм,	Rio Ar	riba	riba County		
	·r						:	·			
. DESIGNATION OF TRAN me of Authorized Transporter of Oil	SPORTE	or Condens		NATU		e adaress to w	hich approve	d copy of this	form is to be s	ent)	
	نــا		L	_						<u> </u>	
me of Authorized Transporter of Casin	_		or Dry G	as XX		e adáress to wi				ent)	
Gas Company of N						1899, B1			/413		
well produces oil or liquids, c location of tanks.	Unit	Unit Sec. T		Rge.	Is gas actually connected? Yes		J Who	When?			
is production is commingled with that	from any other	et lease of m	ol eive	commine		ber:	1				
COMPLETION DATA	any out	or pc	حبر فيدو								
		Oil Well	G	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion					1	L	<u> </u>	1	<u> </u>		
e Spudded	Date Comp	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth .			
forations								Depth Casi	ng Shoe		
	т	TIRING ('A SIN	G AND	CEMENTI	NG RECOR	מי				
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				i CLIVILLI VIL	DEPTH SET		SACKS CEMENT			
11022 0.22											
								_L			
TEST DATA AND REQUE L WELL (Test must be after					the reveal to on	arcaed ton all	aunide far i	his death or he	for full 24 hos	ure l	
L WELL (Test must be after te First New Oil Run To Tank	Date of Te		waa ou	. unu musi		ethod (Flow, p			. ju. ju. 27 1101	,	
WENTER OF HOR TO THE	Date Of 16:	Date of 168					, ps. 1				
ngth of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
					<u></u>				Gas- MCF		
tual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water-Bbls			G2S- MCF		
	1				1 153		7	<u> </u>			
AS WELL	11	Tast			Des Conde	sate/MMCE		Gravity of	Condensate		
1 Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Jizvily Si			
sting Method (puot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
(kana) aman ka d		•									
L OPERATOR CERTIFIC	TATE OF	COMPI	JAN	CE					DIV (IO)	~~~~	
I hereby certify that the rules and regu					(OIL CO	NSER/				
Division have been complied with and	i that the info	umrnod Eskei						F	EB UO	1989	
is true and complete to the best of my	knowiedca	nd belief.			Date	Approve	ed			· · · · · · · · · · · · · · · · · · ·	
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Summer of the Text	10				By_		ي: ginal	Signed by F	KANK I. CI		
Norris B. Jone	s, Pres	icent						14	SHPFRVIenn	Diezaise -	
Privated Name			Title		Title				THEFT	DISTRICT 🛪 🤌	
2-7-19 Date	<u> </u>	-:/-\:\\] Telen	hone Ni),							

the second secon INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I. H. III, and VI for changes of operator, well name or number, transporter, or other such changes.