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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

## NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE  
ANDForm C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator M. J. BRANNON	
Address 3417 Hulen Street, Suite 124 Ft. Worth, Texas 76107	
Reason(s) for filing (Check proper box)	
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 Federal 20	Well No. 1-R	Pool Name, Including Formation Basin Dakota	Kind of Lease Federal	Lease No. SF078530
Location				
Unit Letter J	1850	Feet From The South	Line and 1800	Feet From The East
Line of Section 20	Township 25N	Range 9W	, NMPM, San Juan County	

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 489, Bloomfield, N.M. 87413					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 Farmington, N.M. 87401					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 20	Twp. 25N	Rge. 9W	Is gas actually connected? NO	When Unknown

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 5/30/81	Date Compl. Ready to Prod. 7/10/81		Total Depth 6610'		P.B.T.D. 6545'			
Elevations (DF, RKB, RT, GR, etc.) 6689'KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 6439'		Tubing Depth 6372'			
Perforations 6405'-6439'					Depth Casing Shoe 6372'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8"		258'		250 sacks			
7-7/8	4-1/2"		6609'		1940 sacks			
	2-3/8"		6372'					

## 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
QWT-1385; CAO-1607	3 hrs.	-0-	-0-
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	1425	1430	3/4"

## VI. CERTIFICATE OF COMPLIANCE

## OIL CONSERVATION COMMISSION

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

APPROVED

AUG 31 1981

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

FOR: M. J. BRANNON

ORIGINAL SIGNED BY

Ewell N. Walsh

Ewell N. Walsh, PE (Signature) President  
Walsh Engineering & Production Corp.

(Title)

8/26/81

(Date)

AUG 27 1981  
OIL CON. COM.  
DIST. 3

This form is to be filed in compliance with RULE 1104.

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 allow-  
able 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.