

Form C-104
State District Office
Box 1980, Hobbs, NM 88240DISTRICT
Box 1980, Artesia, NM 88210DISTRICT
Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Brannon Oil & Gas, Inc.		Well API No. 30-045-25012
Address 2240A Forest Park Blvd., Fort Worth, Texas 76110		
Events for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
Oil Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Completion <input type="checkbox"/>	Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Name of operator give name M. J. Brannon, 2240A Forest Park Blvd., Fort Worth, Texas, 76110		
Address of previous operator 76110		

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Name Federal 20		1R	Basin Dakota	State, Federal XXX	SF 078530
Location Unit Letter J 1850 Feet From The South Line and 1800 Feet From The East Line Section 20 Township 25N Range 9W , NMPM , San Juan County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	PERMIAN	P.O. Box 1183, Houston, TX 77251				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	EL PASO NATURAL GAS	P.O. Box 4990, Farmington, NM 87499				
Well produces oil or liquids, Location of tanks.	Unit J	Sec. 20	Twp. 25N	Rge. 9W	Is gas actually connected? Yes	When? December 23, 1981
If this production is commingled with that from any other lease or pool, give commingling order number:						

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay				Tubing Depth			
Producing Formation						Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.)			
First New Oil Run To Tank	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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	APR 02 1990

VI. OPERATOR CERTIFICATE OF COMPLIANCE		OIL CON. DIV. OIL CONSERVATION DIVISION APR 02 1990	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Date Approved _____	
Signature Richard Brannon		By Supervisor District #3	
Printed Name Richard Brannon		Title _____	
Date 3/28/90		Telephone No. 817/924-8695	

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.