

Form C-104  
Revised 1-1-89  
See Instructions  
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## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Brannon Oil & Gas, Inc.		Well API No. 30-045-25052
Address 2240A Forest Park Blvd., Fort Worth, Texas 76110		
Check (s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Formation <input type="checkbox"/>	Oil <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
Name of operator give name M. J. Brannon, 2240A Forest Park Blvd., Fort Worth, Texas 76110		
Address of previous operator		

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Well Name Federal 29		1	Basin Dakota	<del>SMO</del> <del>XXXX</del> <del>FEDERAL</del>	SF 078309
Location					
Unit Letter	B	990	Feet From The	North	Line and 1780
Section		29	Township	25N	Range 9W
County		San Juan			

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	Address (Give address to which approved copy of this form is to be sent)	
P.O.Box 4990, Farmington, NM 87499		Is gas actually connected?	
Well produces oil or liquids, give location of tanks.		Unit	Sec.
B		29	25N
Twp.		Rge.	When?
9W		Yes	July 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.					
Locations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Locations		Depth Casing Shoe							

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

TEST DATA AND REQUEST FOR ALLOWABLE		(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.)	
OIL WELL	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Date First New Oil Run To Tank	Tubing Pressure	Casing Pressure	
Length of Test	Oil - Bbls.	Water - Bbls.	
Actual Prod. During Test			

GAS WELL		OIL CON. DIV.	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE	
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.	
Signature Richard Brannon	Pet. Engr.
Printed Name	Title
3/28/90	817/924-8695
Date	Telephone No.

OIL CONSERVATION DIVISION	
APR 02 1990	
Date Approved	
By	Supervisor District 13
Title	

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.