

Permit 5 Copies  
Appropriate District Office  
District I  
P.O. Box 1980, Hobbs, NM 88240

District II  
P.O. Drawer DD, Artesia, NM 88210

District III  
P.O. Rio Brazos Rd., Aztec, NM 87410

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

II. DESCRIPTION OF WELL AND LEASE		Kind of Lease <b>State, Federal or RR</b>	Lease No. <b>SF 078309</b>
Lease Name <b>Federal 29</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Basin Dakota</b>	
Location Unit Letter <b>B</b> : <b>990</b> Feet From The <b>North</b> Line and <b>1780</b> Feet From The <b>East</b> Line			
Section <b>29</b> Township <b>25N</b> Range <b>9W</b> NMPM, San Juan County			

III. 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"/>	<b>Giant Refining Co.</b>	<b>P.O. Box 256, Farmington, NM 87499</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	<b>El Paso Natural Gas</b>	<b>P.O. Box 4990, Farmington, NM 87499</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>B</b> Sec. <b>29</b> Twp. <b>25N</b> Rge. <b>9W</b>	Is gas actually connected? <b>Yes</b>	When? <b>July 1981</b>

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. 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					
Perforations				Depth Casing Shoe					

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

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 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.	GR - MCF

GAS WELL		Bbls. Condensate/MM	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test	<b>DIST. 3</b>	
Testing Method (pilot, 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 <b>Richard Brannon</b>	Pet. Engr.
Printed Name <b>Richard Brannon</b>	Title
Date <b>9/11/90</b>	Telephone No. <b>817/924-8695</b>

OIL CONSERVATION DIVISION	
SEP 13 1990	
Date Approved	
By <b>Burt D. Chapp</b>	
SUPERVISOR DISTRICT 13	
Title	

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, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.