

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DECEMBER
JUN 18 1984
OIL CON. DIV.
DIST. 3

I. Operator
M. J. Brannon

Address
809 Ridglea Bank Building, Fort Worth, Texas 76116

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input checked="" type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 28	Well No. 2	Pool Name, including Formation Basin Dakota	Kind of Lease Federal State, Federal or Fee	Lease No. SF078309
Location				
Unit Letter <u>E</u> <u>1850</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u>				
Line of Section <u>28</u> Township <u>25N</u> Range <u>9W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. E 28 25N 9W
Is gas actually connected?	When Yes June 1983

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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


(Signature)
Owner
(Title)
June 11, 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 18 1984, 19
BY Frank J. Smith
TITLE SUPERVISOR DISTRICT #3

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

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7/24/82	Date Compl. Ready to Prod. 8/18/82		Total Depth 6550'		P.B.T.D. 6511'				
Elevations (DF, RKB, RT, GR, etc.) 6673' G. L.	Name of Producing Formation Dakota		Top Oil/Gas Pay 5100'		Tubing Depth 6348'				
Perforations 6375'-6392'; 6395'-6397'; 6415'-6419'						Depth Casing Shoe 6550'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		270'		270 Sacks				
7-7/8"	4-1/2"		6550'		2090 Sacks				
	2-3/8"		6348'						

V. 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)

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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size