

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

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FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	M. J. BRANNON
Address	c/o Walsh Engr. & Prod. Corp. P. O. Drawer 419 Farmington, N.M. 87499
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recombination	<input type="checkbox"/> Oil
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Coastinghead Gas
	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner _____

APR 02 1985
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Federal 28	2-E	Basin Dakota	Federal State, Federal or Fee	SF-078309
Location				
Unit Letter	L	: 1490 Feet From The	South	Line and 790' Feet From The
Line of Section	28	Township	25N	Range 9W, 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
NONE						
Name of Authorized Transporter of Coastinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
EL Paso Natural Gas Company	P.O. Box 990, Farmington, N.M. 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgs.	Is gas actually connected?	When
					NO	

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

I 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.

FOR: M. J. BRANNON

ORIGINAL SIGNED BY

EWELL N. WALSH

Ewell N. Walsh PE (signature) President
Walsh Engr. & Prod. Corp.

4/1/85

(Title)

(Date)

OIL CONSERVATION DIVISION
5-15-85
APPROVED MAY 15 1985

Original Signed by FRANK T. CHAVEZ

BY

SUPERVISOR DISTRICT # 3

TITLE

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	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. F
Date Spudded 2/14/85		Date Compl. Ready to Prod. 3/17/85		Total Depth 6541'			P.B.T.D. 6508'		
Elevations (DF, RKB, RT, GR, etc.) 6725'		Name of Producing Formation Dakota		Top Oil/Gas Pay 6388'			Tubing Depth 6380'		
Perforations 6388'-6412'							Depth Casing Shoe 6526'		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	260'	295 cu. ft.
7-7/8"	4-1/2"	6526'	3797 cu. ft.
	2-3/8"	6380'	

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 3/4THC 1261; CAOF 1445	Length of Test 3 hrs.	Bbls. Condensate/MCF -0-	Gravity of Condensate -0-
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1425	Casing Pressure (Shut-in) 1500	Choke Size 3/4"