

Submit 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
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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. 30-045-26999 |
| Address 2240A Forest Park Blvd., Fort Worth, Texas 76110 | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change of operator give name and address of previous operator | | |
| Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> | | |

| | | | | | |
|---|--|-----------|--------------------------------|--|------------------|
| II. DESCRIPTION OF WELL AND LEASE | | Well No. | Pool Name, Including Formation | Kind of Lease State, Federal or Foreign | Lease No. |
| Lease Name Federal 29 | | 1E | Basin Dakota | XXX | SF 078309 |
| Location Unit Letter J 1850 Feet From The South Line and 1555 Feet From The East Line Section 29 Township 25N Range 9W , 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"/> | Giant Refining Co. | P.O. Box 256, Farmington, NM 87499 | |
| 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 | |
| If well produces oil or liquids, give location of tanks. | Unit J Sec. 29 Twp. 25N Rge. 9W | Is gas actually connected? Yes | When? 1-3-90 |

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. | 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 |

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 **Richard Brannon** Title
Date **9/11/90** Telephone No. **817/924-8695**

OIL CONSERVATION DIVISION

Date Approved **SEP 13 1990**
By [Signature]
Title **SUPERVISOR DISTRICT #3**

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.