

*Subject Well*

CMD :  
OG6IWCM

ONGARD  
INQUIRE WELL COMPLETIONS

07/22/03 12:33:05  
OGOMES -TPES

API Well No : 30 45 26999 Eff Date : 02-01-1990 WC Status : A  
Pool Idn : 71599 BASIN DAKOTA (PRORATED GAS)  
OGRID Idn : 14634 MERRION OIL & GAS CORP  
Prop Idn : 7787 FEDERAL 29

Well No : 001E  
GL Elevation: 6711

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/A)
B.H. Locn	J	29	25N	09W	FTG 1850 F S	FTG 1555 F E	P
Lot Identifier:							
Dedicated Acre:							320.00
Lease Type							F
Type of consolidation							(Comm, Unit, Forced Pooling - C/U/F/O) :

M0025: Enter PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07	PF08	PF09	PF10 NEXT-WC	PF11 HISTORY	PF12 NXTREC

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>				5. LEASE DESIGNATION AND SERIAL NO. SF-078309	
b. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR M. J. Brannon <del>Oil Community</del> c/o Dollar Services				7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 399 Aztec, NM 87410				8. FARM OR LEASE NAME Federal 29	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) At surface 1850' FSL & 1555' FEL Section 29, T25N., R9W. At proposed prod. zone				9. WELL NO. #1E	
14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE* Approximately 22 miles south of Bloomfield, NM.				10. FIELD AND POOL, OR WILDCAT Basin Dakota	
15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any) 340'		16. NO. OF ACRES IN LEASE 2521.02		17. NO. OF ACRES ASSIGNED TO THIS WELL 320	
18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. 2240'		19. PROPOSED DEPTH 6600'		20. ROTARY OR CABLE TOOLS Rotary	
21. ELEVATIONS (Show whether DF, RT, GR, etc.) 6711' GL				22. APPROX. DATE WORK WILL START* Upon Approval	
23. DRILLING OPERATIONS AUTHORIZED ARE SUBJECT TO COMPLIANCE WITH ATTACHED PROPOSED CASING AND CEMENTING PROGRAM "GENERAL REQUIREMENTS" This action is subject to technical and procedural review pursuant to 43 CFR 3165.3 and appeal pursuant to 43 CFR 3165.4.					
SIZE OF HOLE 12-1/4"	SIZE OF CASING 8-5/8"	WEIGHT PER FOOT 24#	SETTING DEPTH 250'	270 cu'	
7-7/8"	4-1/2"	10.50	6600'	2050 cu'	

See Attached Drilling Program and Surface Use Plan.

All roads will be maintained in as good or better condition, as found.

(1/2 of section 29 is dedicated to this well.)

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED Ned Dollar TITLE Agent DATE 7-5-88  
(This space for Federal or State office use)

PERMIT NO. \_\_\_\_\_ APPROVAL DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

NMOCC

\*See Instructions On Reverse Side

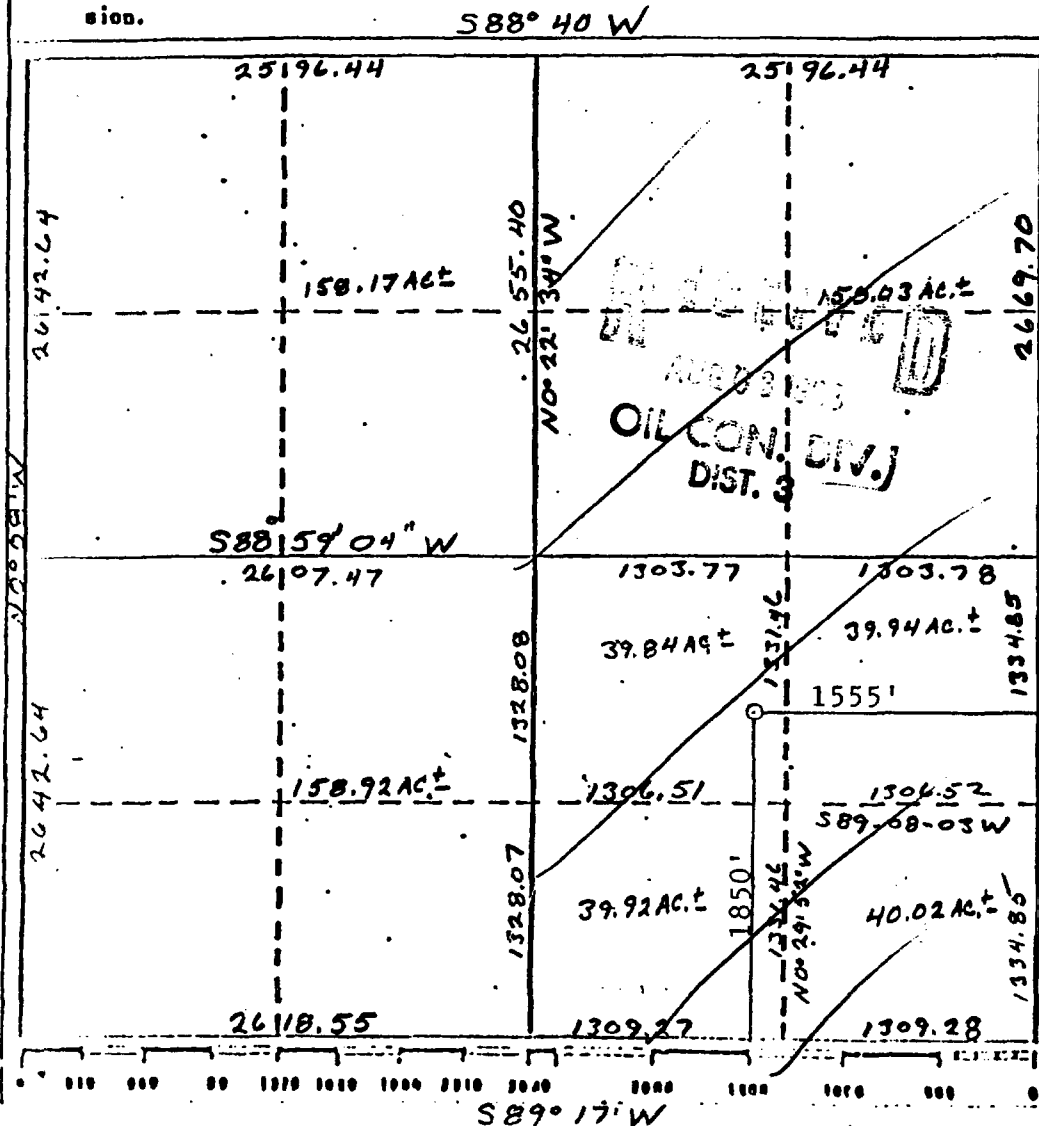
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the

Form C-102  
Supersedes ( )  
Effective 1-1

Operator <b>M. J. BRANNON</b>		Lease <b>FEDERAL 29</b>		Well No. <b>1-E</b>
Unit Letter <b>J</b>	Section <b>29</b>	Township <b>25N</b>	Range <b>9W</b>	County <b>San Juan</b>
Actual Footage Location of Wells				
<b>1850</b>		<b>1555</b>		
West from the <b>South</b>		East from the <b>East</b>		Line
Ground Level Elev. <b>6711</b>	Producing Formation <b>Dakota</b>	Pool <b>Basin Dakota</b>		Dedicated Acres <b>320</b>

- ☐ Yes ☐ No If answer is "yes," type of consolidation

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



**Name**  
Ned Dollar

**Position**  
Agent

**Company**  
Dollar Services

**Date**  
7-5-88

I hereby certify that the well located  
shown on the annexed plat from the  
state of New Mexico made by me  
under my supervision and by the co-  
is true and correct to the best of  
knowledge and belief.

Date Surveyed  
June 28, 1988  
Registered Professional Engineer  
and/or Land Surveyor

Cecil B. Tullis  
Certification No.  
'9672

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.

SF-078309

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 29

9. WELL NO.

1E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec 29 -T25N - R9W N.M.P.M.

12. COUNTY OR PARISH 13. STATE

San Juan

NM

1. OIL ☐ GAS ☒ OTHER ☐  
WELL WELL

88 OCT 20 PM 1:11

2. NAME OF OPERATOR

M. J. Brannon

3. ADDRESS OF OPERATOR

2240A Forest Park Blvd. Fort Worth, Texas 76110

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1850' FSL & 1555' FEL Section 29, T25N, R9W.

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, ST, GR, etc.)

6724' KB

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANT

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS: (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any  
proposed work, if well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-  
nent to this work.)

09/20/88 - Spud well

09/21/88 - T.D. 275'. Ran 6 jts. 8-5/8", 24#, erw new csg (255') set at 268'. Cemented  
with 250 sk (296 cu.ft.) Class "B" with 2% cc and 1/4/sk celloflake. Circulated  
cement to surface. Pressure test to 500 psi -ok.

10/05/88 - T.D. 6540'. Ran 158 jts, 4-1/2", 11.60#, J-55, LT & C new casing (6556.02')  
set at 6523.78'. Cement with:

1st Stage: 675 sk (837 cu.ft.) 50-50 POZ mix, 2% Bentonite, 6#/sk salt,  
1/4#/sk celloflake. Top of cement at 4524'.

2nd Stage: 850 sk (2,227 cu. ft.) 65-35 Pozmix, 12% Bentonite, 1/4#/sk celloflake  
followed by 50 sk (59 cu.ft.) Class "G" neat. Stage collar at 4524'.  
Cement circulated to surface.

RECEIVED  
OCT 26 1988

18. I hereby certify that the foregoing is true and correct

SIGNED

*Richard J. Brannon*

TITLE Petroleum Engineer DIST

DATE 10/17/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

Form 1160-5  
November 1983  
Formerly 9-331

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-078309

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

FEDERAL 29

9. WELL NO.

1E

10. FIELD AND POOL, OR WILDCAT

BASIN DAKOTA

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

SEC29-T25N-R9W NMPM

12. COUNTY OR PARISH 13. STATE

SAN JUAN

NM

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

14. WELL ☐ OIL WELL ☒ GAS WELL ☒ OTHER

NAME OF OPERATOR

M. C. BRANNON

ADDRESS OF OPERATOR

2240A FOREST PARK BLVD., FORT WORTH, TEXAS 76110

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

1850' FSL & 1555' FEL SECTION 29, T25N, R9W

PERMIT NO.

15. ELEVATIONS (Show whether SP, RT, OR, etc.)

6724' KB

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(Note: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

16. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any  
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-  
nent to this work.)

10/22/88: Pressure test casing to 4000 PSI held.

Perfs 6367-6392', 6402-6406', 2 SPF, 60 holes. 3-1/8" csg gun.

Fracture well with 73,000 gal Cross-link gel, 128,000# 20/40 sand.

Ave rate = 27 BPM. Ave Press = 2700#. ISIP = 3100#. 15 min SIP = 1836#.

Gel additions: F802 surfactant & YF230, 30# Dowell gel w/WF30.

Trip in hole with tubing - 2-3/8" J-55 eue. Clean out to PBTD 6473' and  
set packer at 6307' KB.

RECEIVED  
BLM MAIL ROOM

88 NOV 21 PM 1:48

FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

CON. DIV.  
DIST. 3

17. I hereby certify that the foregoing is true and correct

SIGNED

*Robert Brannon*

TITLE Petroleum Engineer

DATE 11/15/88

(If the space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ENCLOSURE

\*See Instructions on Reverse Side

## ARAPAHOE DRILLING CO., INC.

P. O. BOX 26687

ALBUQUERQUE, NEW MEXICO 87125

STEVE SCHALK  
PRESIDENT

December 22, 1988

## DEVIATION REPORT

Federal 29 1E  
San Juan County, NM

29-23-1N

**RECEIVED**  
DEC 29 1988  
OIL CON. DIV.  
DIST. 2

Date	Depth	Deviation
09-23-88	763'	1°
	1320'	1°
	1887'	3/4°
	2137'	1°
09-23-88	2632'	1°
	3163'	1°
09-24-88	3694'	1 1/4°
09-25-88	3885'	1°
09-26-88	4443'	1°
09-27-88	4944'	1 1/4°
09-28-88	5339'	1 1/4°
09-30-88	5842'	1 1/4°
10-02-88	6410'	1 1/4°
10-03-88	6540'	1 1/2°

I CERTIFY THE ABOVE TO BE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Larry H. Williams  
Larry H. Williams - Office Manager

12/22/88  
Date

SWORN and SUBSCRIBED to this 22nd day of December, 1988, by Larry H. Williams, known to me to be the Office Manager off Arapahoe Drilling Co., Inc.

My Commission Expires: 06-07-89

Clair L. Grahek  
Clair L. Grahek - Notary Public

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE\*

(See other In-  
structions on  
reverse side)

Form approved.  
Budget Bureau No. 1004-0137  
Expires August 31, 1985

WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

5. LEASE DESIGNATION AND SERIAL NO.

SF-078309

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

FEDERAL 29

9. WELL NO.

1E

10. FIELD AND POOL OR WILDCAT

Basin DAKOTA

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

SEC29, T25N, R9W NMPM

12. COUNTY OR PARISH

SAN JUAN

13. STATE

NM

1a. TYPE OF WELL:

OIL WELL ☐

GAS WELL ☒

88 NOV 21 PM 1:49

b. TYPE OF COMPLETION:

NEW WELL ☒

WORK OVER ☐

DEEP-EN ☐

PLUG BACK ☐

FARMINGTON RESOURCE AREA

2. NAME OF OPERATOR

M. J. BRANNON

3. ADDRESS OF OPERATOR

2240A FOREST PARK BLVD., FORT WORTH, TEXAS 76110

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*

At surface 1850' FSL, 1555' FEL SEC29

At top prod. interval reported below same

At total depth same

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

9/20/88

16. DATE T.D. REACHED

10/5/88

17. DATE COMPL. (Ready to prod.)

10/23/88

18. ELEVATIONS (DP, RKB, RT, OR, ETC.)\*

6724' KB

19. ELEV. CASINGHEAD

6711

20. TOTAL DEPTH, MD & TVD

6540

21. PLUG. BACK T.D., MD & TVD

6473

22. IF MULTIPLE COMPL., HOW MANY\*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

24. PRODUCING INTERVAL(S). OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*

6367-6406' DAKOTA

25. WAS DIRECTIONAL SURVEY MADE

NONE

27. WAS WELL CORED

NONE

26. OTHER LOGS RUN

DUAL INDUCTION CNL-FDC

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24.0	268	12-1/4"	296 cu.ft., CL"B" +2% cc	NONE
4-1/2"	11.60	6524	7-7/8"	1st stage-837 cu.ft. 50/50	POZ NONE
				2nd stage-2286 cu.ft. 65/35	POZ

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8	6307	6307

31. PERFORATION RECORD (Interval, size and number)

6367-6392', 6402-6406'

2 shots per foot

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6367-6406	73,000 gal water
	128,000 lbs sand

33. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
						SHUT-IN	
DATE OF TEST	HOURS TESTED	CHOKER SIZE	PROD'N FOR TEST PERIOD	OIL—BSL.	GAS—MCF.	WATER—BSL.	GAS-OIL RATIO
			→				
FLOW. TUBING PRESS.	CASINO PRESSURE	CALCULATED 24-HOUR RATE	OIL—BSL.	GAS—MCF.	WATER—BSL.	OIL GRAVITY-API (CORR.)	
		→				ACCEPTED FOR RECORD	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

ACCEPTED FOR RECORD

TEST WITNESSED BY  
NOV 23 1988

35. LIST OF ATTACHMENTS

FARMINGTON RESOURCE AREA

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

*Robert Brannon*

TITLE Pet. Engr.

DATE 11/15/88

\*(See Instructions and Spaces for Additional Data on Reverse Side)

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):

38.

GEOLOGIC MARKERS

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
				Ojo Alamo	980'	980'
				Fruitland	1580'	1580'
				Pictured Cliffs	1870'	1870'
				Chacra	2350'	2350'
				Mancos	4550'	4550'
				Gallup	5330'	5330'
				Sanostee	5876'	5876'
				Greenhorn	6227'	6227'
				Graneros	6284'	6284'
				Dakota	6320'	6320'

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES DESIRED	
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator M. J. BRANNON	
Address 2240A FOREST PARK BLVD., FORT WORTH, TEXAS 76110	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casingshead Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL 29	Well No. 1E	Pool Name, including Formation BASIN DAKOTA	Kind of Lease FEDERAL State, Federal or Fee	Lease No. SF-078309
Location Unit Letter <u>J</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>1555'</u> Feet From The <u>East</u> Line of Section <u>29</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 Casingshead 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 990, Farmington, NM 87499								
If well produces oil or liquids, give location of tanks.	<table border="1"> <tr> <td>Unit</td> <td>Sec.</td> <td>Twp.</td> <td>Rge.</td> </tr> <tr> <td>J</td> <td>29</td> <td>25N</td> <td>9W</td> </tr> </table>	Unit	Sec.	Twp.	Rge.	J	29	25N	9W
Unit	Sec.	Twp.	Rge.						
J	29	25N	9W						
Is gas actually connected?	When								
NO	ASAP								

If this production is commingled with that from any other lease or pool, give commingling order numbers \_\_\_\_\_

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.

Petroleum Engineer  
(Signature)  
(Title)  
(Date)

OIL CONSERVATION DIVISION  
12-24-88  
APPROVED  
DEC 29 1988  
Original Signed by FRANK T. CHAVEZ  
BY \_\_\_\_\_  
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 Res'v.	Diff. Res'v.
			X						
Date Spudded 9/20/88	Date Compl. Ready to Prod. 10/23/88	Total Depth 6540'		P.B.T.D. 6473'					
Elevations (DF, RKB, RT, CR, etc.) 6724' KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 6367'		Tubing Depth 6307'					
Perforations				Depth Casing Shoe 6524'					
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		268'		250 sks			
7-7/8"		4-1/2"		6524'		1575 sks			
		2-3/8"		6307'		NA			

#### 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) 1650 psi	Casing Pressure (Shut-in) 0-packer	Choke Size

Oil & Gas  
District Office  
Box 980, Hobbs, NM 88240

Oil & Gas  
District Office  
Box 980, Hobbs, NM 88240

Oil & Gas  
District Office  
Box 980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Well API No.	
30-045-26999	
Brannon Oil & Gas, Inc.	
2240A Forest Park Blvd., Fort Worth, Texas 76110	
Address for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
Oil Well <input type="checkbox"/>	Change in Transporter of:
Completion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change of Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator: M. J. Brannon, 2240A Forest Park Blvd., Fort Worth, Texas 76110	

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Federal 29	1E	Basin Dakota	Oil & Gas	SF 078309
Unit Letter	1850	Feet From The	South	Line and
29	25N	Range	9W	NMPM, San Juan
County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
PERMIAN	P.O. Box 1183, Houston, TX 77251
Transporter of Casinghead 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	P.O. Box 4990, Farmington, NM 87499
Well produces oil or liquids, <input type="checkbox"/> or gas <input checked="" type="checkbox"/>	Is gas actually connected? <input type="checkbox"/> When?
Location of tanks: Unit J, Sec. 29, Twp. 25N, Rge. 9W	Yes <input checked="" type="checkbox"/> 1-3-90

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Productions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
		Depth Casing Shoe						

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.)			
First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	RECEIVED APR 02 1990
Total Prod. During Test	Oil - Bbls.	Water - Bbls.	
GAS WELL			
Length of Test	Bbls. Condensate MMCF	Gravity of Condensate	
Producing Method (Flow, pump, gas lift, etc.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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  
Richard Brannon Pet. Engr.  
Printed Name: Richard Brannon Title: Pet. Engr.  
Date: 3/28/90 Telephone No.: 817/924-8695

OIL CONSERVATION DIVISION

Date Approved: APR 02 1990  
By: Barry D. Shum  
Title: SUPERVISOR DISTRICT #3

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.

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Brannon Oil &amp; Gas, Inc.</b>		Well API No. <b>30-045-26999</b>
Address <b>2240A Forest Park Blvd., Fort Worth, Texas 76110</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> Other (Please explain)		
Change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Federal 29</b>	Well No. <b>1E</b>	Pool Name, Including Formation <b>Basin Dakota</b>	Kind of Lease <b>State, Federal or Prop</b>	Lease No. <b>SF 078309</b>
Location Unit Letter <b>J</b> <b>1850</b> Feet From The <b>South</b> Line and <b>1555</b> Feet From The <b>East</b> Line Section <b>29</b> Township <b>25N</b> Range <b>9W</b> NMPM, <b>San Juan</b> 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"/> <b>Giant Refining Co.</b>	Address (Give address to which approved copy of this form is to be sent) <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>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 4990, Farmington, NM 87499</b>
If well produces oil or liquids, give location of tanks. Unit <b>J</b> Sec. <b>29</b> Twp. <b>25N</b> Rge. <b>9W</b>	Is gas actually connected? <b>Yes</b> When? <b>1-3-90</b>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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
		SEP 12 1990	

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  
Printed Name **Richard Brannon** Title **Pet. Engr.**  
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.

1 (Acting Dept)

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

# OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Merrion Oil & Gas Corporation		Well API No. 30-045-26999
Address P. O. Box 840, Farmington, New Mexico 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective 1-1-92
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>		
If change of operator give name and address of previous operator Brannon Oil & Gas, Inc., 2240A Forest Park Blvd, Ft. Worth, TX 76110		

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 29	Well No. 1E	Foot Name, including Formation Basin Dakota	Kind of Lease State, Federal or Private	Lease No. 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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Giant Refining Company	P. O. Box 846, Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead 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 4990, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?
J 29 25N 9W	Yes 1-3-90

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

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.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  
Esther J. Greyeyes  
Printed Name  
1/17/92  
Date  
Title  
Operations Tech  
(505) 327-9801  
Telephone No.

## OIL CONSERVATION DIVISION

Date Approved JAN 21 1992

By Frank J. Quigley

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 well in multiple completion.

1. Well File  
Submit 3 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

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

DISTRICT III  
1000 Rio Hrazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator		Well API No.
MERRION OIL & GAS CORPORATION		30-045-26999
Address		
P. O. BOX 840, FARMINGTON, NEW MEXICO 87499		
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"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 29	Well No. 1E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal <del>State</del>	Lease No. SF-078309
Location				
Unit Letter J	1850	Feet From The South	Line and 1555	Feet From The East
Section 29	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 checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Company	P. O. Box 4289, Farmington, New Mexico 87499
Name of Authorized Transporter of Casinghead 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 4990, Farmington, New Mexico 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When?
Unit J, Sec. 29, Twp. 25N, Rge. 9W	Yes 1-3-90

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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/MMCF	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 Esther J. Greyeyes  
Printed Name Esther J. Greyeyes Title Operations Tech  
Date 2/21/92 Telephone No. (505) 327-9801

OIL CONSERVATION DIVISION

Date Approved FEB 21 1992

By Barry D. Chang  
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.
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- 4) Separate Form C-104 must be filed for each well.

District I  
PO Box 1900, Hobbs, NM 88241-1900  
District II  
PO Drawer DD, Artois, NM 88211-0719  
District III  
1000 Rio Grande Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Form C-104  
Revised February 10, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Merrion Oil & Gas Corp. P. O. Box 840 Farmington, New Mexico 87499		OGRID Number 014634
Reason for Filing Code CO - Effective 9/01/95 Change oil/condensate transport		
API Number 30 - 0 45-26999	Pool Name Basin Dakota	Pool Code 71599
Property Code 007787	Property Name Federal 29	Well Number 001E

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West Line	County
J	29	25N	09W	NWSE	1850	south	1555	east	San Juan

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West Line	County
F									
Lee Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	ONG	POD ULSTR Location and Description
009018	Giant Refining Company P. O. Box 12999 Scottsdale, AZ 85267	1911010	O	
007057	El Paso Natural Gas Co. P. O. Box 4990 Farmington, NM 87499	1911030	C	

IV. Produced Water

POD	POD ULSTR Location and Description
1911050	

V. Well Completion Data

Spud Date	Ready Date	TD	FBTD	Performance
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cog. Pressure
Choke Size	Oil	Water	Gas	AOI	Test Method

I hereby certify that the rules 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: *Esther J. Greeyes*  
Printed name: Esther J. Greeyes

Title: Drilg & Prod Tech

Date: 9/13/95

Phone: (505) 327-9801

OIL CONSERVATION DIVISION

Approved by: *[Signature]*  
SUPERVISOR DISTRICT #3

Title:  
Approval Date: SEP 20 1995

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date