

Well No : 002E  
GL Elevation: 6752

M0025: Enter PF keys to scroll

Date: 3/5/2004 Time: 08:51:07 AM

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒

DEEPEN ☐

PLUG BACK ☐

b. TYPE OF WELL

OIL  
WELL ☐

GAS  
WELL ☒

OTHER ☐

SINGLE  
ZONE ☒

MULTIPLE  
ZONE ☐

2. NAME OF OPERATOR

BHP Petroleum (Americas) Inc. formerly Energy Reserves Group

3. ADDRESS OF OPERATOR

P.O. Box 3280; Casper, WY 82602

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

At surface  
1820' FSL & 1490' FWL (NE/SW) of Sec. 29

At proposed prod. zone  
Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*

Approximately one mile North of Blanco Trading Post

15. DISTANCE FROM PROPOSED\*

LOCATION TO NEAREST  
PROPERTY OR LEASE LINE, FT.  
(Also to nearest drilg. unit line, if any) 1820'

16. NO. OF ACRES IN LEASE

2521

17. NO. OF ACRES ASSIGNED

TO THIS WELL  
16' 320' (160)

18. DISTANCE FROM PROPOSED LOCATION\*  
TO NEAREST WELL, DRILLING, COMPLETED,  
OR APPLIED FOR, ON THIS LEASE, FT.

2800'

19. PROPOSED DEPTH

6600'

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

6752' GR ungraded

22. APPROX. DATE WORK WILL START\*

This action is subject to technical and  
procedural review pursuant to 43 CFR 3165.3  
and appeal pursuant to 43 CFR 3165.4.

DRILLING OPERATIONS AUTHORIZED ARE

SUBJECT TO COMPLIANCE WITH ATTACHED

"GENERAL REQUIREMENTS"

DRILLING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CASING
12 1/4"	8 5/8"	24#	300'	(surface) 250 sx.
7 7/8"	4 1/2"	10.5#	6600'	2200 sx.

See Attached Drilling Program and Surface Use Plan.

RECEIVED  
OCT 07 1985  
OIL CON. DIV.  
DIST. 3

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

*[Signature]*

TITLE Administrator, Field Serv.

DATE 8-20-85

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED  
AS AMENDED

APPROVED BY

TITLE

DATE OCT 03 1985

CONDITIONS OF APPROVAL, IF ANY:

/s/ J. Stan McKee

M. MILLENBACH  
AREA MANAGER

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102  
Supersedes C-123  
Effective 1-1-55

All distances must be from the outer boundaries of the Section.

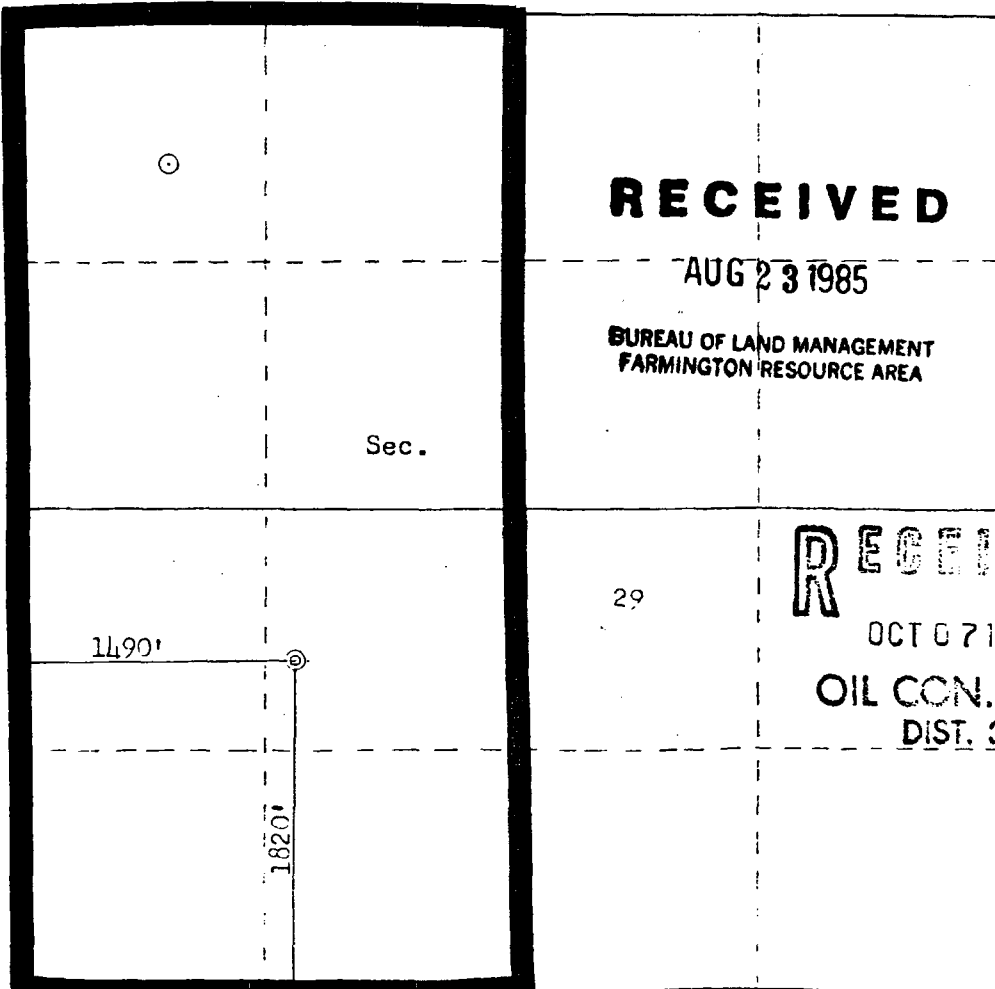
Operator <b>BHP PETROLEUM (AMERICAS) INC.</b>			Lease <b>BRANNON-FEDERAL</b>		Well No. <b>2E</b>
Unit Letter <b>K</b>	Section <b>29</b>	Township <b>25N</b>	Range <b>9W</b>	County <b>San Juan</b>	
Actual Footage Location of Well: <b>1820</b> feet from the <b>South</b> line and <b>1190</b> feet from the <b>West</b> line					
Ground Level Elev: <b>6752</b>	Producing Formation <b>Dakota</b>		Pool <b>Basin Dakota</b>		Dedicated Acreage: <b>320</b> <del>(160)</del> Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

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

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

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.



**RECEIVED**

**AUG 23 1985**

**BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA**

**RECEIVED**

**OCT 07 1985**

**OIL CON. DIV.  
DIST. 3**

**CERTIFICATION**

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

*William J. Fiant*

Name  
**William J. Fiant**

Position  
**Administrator, Field Service**

Company  
**BHP Petroleum, Inc.**

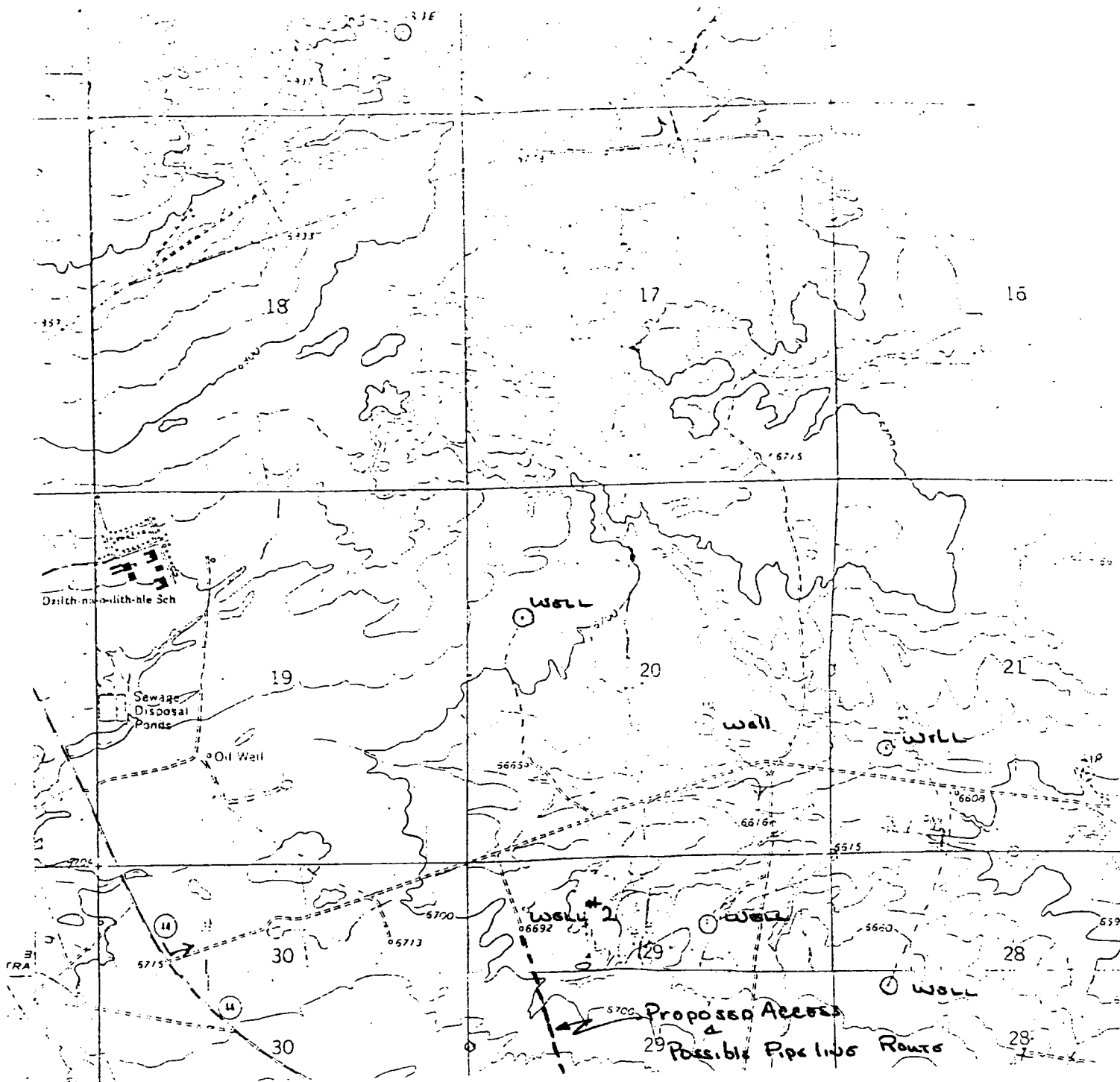
Date  
**8-1-85**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
**July 24, 1985**

Registered Professional Engineer  
and Land Surveyor

*Paul H. H. H.*  
**Paul H. H. H.**



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

Brannon Federal

9. WELL NO.

2-E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

Section 29 T25N-R9W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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.)

1. OIL ☐ WELL GAS ☒ WELL OTHER

2. NAME OF OPERATOR

BHP Petroleum (Americas), Inc.

3. ADDRESS OF OPERATOR

P. O. Box 3280 Casper, Wyoming 82602 BUREAU OF LAND MANAGEMENT

4. LOCATION OF WELL (Report location clearly and in accordance with any STATE OR FEDERAL RESOURCE AREA  
See also space 17 below.)  
At surface

1320' FSL & 1490' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

GR-5752'; KB-5764'

16. 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 COMPLETE

ABANDON\*

CHANGE PLANS

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 pertinent to this work.)

The subject well was spudded at 6:00 P.M. 1-2-86. Drld 12 1/4" hole to 322'. Ran 8 jts 8 5/8" 24# K-55 ST&C to 315'. Cmt'd with 250 sx Class "B" cmt with 2% CaCl<sub>2</sub> and 1/4#/sx Flocele. Plug down at 12:45 A.M. 1-3-86. Good circulation throughout. Circulated 5 bbls (28.1 ft<sup>3</sup>) cmt to surface. W.O.C. 12 hrs.

NU BOP. Pressure tested BOP and casing to 1000 psi-Held O.K.

Drld ahead 7 7/8" hole at 3220' on 1-5-86.

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

SIGNED

*Paul Bertoglio*  
Paul Bertoglio

TITLE Petroleum Engineer

DATE

1-6-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-078309	
2. NAME OF OPERATOR BHP Petroleum (Americas), Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 3280, Casper, WY 82602		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1820' FSL & 1490' FWL		8. FARM OR LEASE NAME Brannon Federal	
14. PERMIT NO.		9. WELL NO. 2-E	
15. ELEVATIONS (Show whether DP, RT, GR, etc.) G.R. 5752'; KB 5764'		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA Section 29 T25N-R9W	
		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	

18. 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 COMPLETE ☐  
ABANDON\* ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐  
FRACTURE TREATMENT ☐  
SHOOTING OR ACIDIZING ☐  
(Other) ☒ Well History

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 pertinent to this work.)\*

Drld 7-7/8" hole to 6606' (T.D.) @ 8:00 A.M. 1-10-86. Circ hole. TOOH. Ran DIL from 6606' to 315' and FDC-CNL from 6606'-5284'. LD collars. TIH w/DP. Circ hole. TOOH. LDDP. Ran 162 jts new 4-1/2" 10.5# K-55 ST&C to 6590'. Hit fill and plugged csg. Perforated float collar w/4-1/2" shots. Washed csg down to 6605'.  
Cmt'd 1st stage w/670 sx (824.1 ft<sup>3</sup>) of 50-50 pozmix w/2% gel, 10% salt, 1/4#sx Celloflake, 0.5% D-31, 0.5%FL19, and 1% R-5. Good circ throughout. Plug down @ 8:00 P.M. 1-11-86. Opened stage tool @ 4557'. Circ 25 bbls (140.4 ft<sup>3</sup>) to surface. Circ 3 hrs.  
Cmt'd 2nd stage w/670 sx Class "B" w/3% Lo Dense and 1/4# Celloflake (1883 ft<sup>3</sup>) followed by 100 sx (118 ft<sup>3</sup>) of Class "B" w/1/4#sx Celloflake. Good circ. throughout. Circ 35 bbls (196.5 ft<sup>3</sup>) of cmt to the surface. Plug down @ 11:45 P.M. 1-11-86.  
Rig released @ 3:00 A.M. 1-12-86.  
W.O.C.T.

RECEIVED  
JAN 30 1986  
OIL CON. DIV.  
DIST. 3

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

SIGNED

*Paul Bertoglio*  
Paul Bertoglio

TITLE Petroleum Engineer

DATE

1-14-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMCCD

\*See Instructions on Reverse Side

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

Brannon Federal

9. WELL NO.

2-E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

Section 29 T25N-R9W

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

1. OIL ☐ GAS ☒ OTHER ☐  
WELL WELL

2. NAME OF OPERATOR

BHP Petroleum (Americas), Inc.

3. ADDRESS OF OPERATOR

P.O. Box 3280, Casper, Wyoming 82602 BUREAU OF LAND MANAGEMENT

4. LOCATION OF WELL (Report location clearly and in accordance with any STATEMENT OF RESOURCE AREA  
See also space 17 below.)  
At surface

1820' FSL & 1490' FWL

14. PERMIT NO.

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

G.R. 5752'; K.B. 5764'

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 PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other) Completion History

(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.)\*

MI RUCT 1-29-85. NU BOP. Drld out D.V. tool and cmt to 6531'. Ran GR-CCL-CBL log. Swabbed fluid level to 4500'. Perf'd Dakota @ 6405'-10', 6413'-28', and 6436'-43' w/1 JSPF. Broke down each perf w/25 gals 7-1/2% HCl - FE acid w/PPIP tool. Swabbed back acid. TOOH. Frac'd down casing at 26 BPM w/70,000 gals 30# cross linked gel w/122,240# 20-40 sand. TIH w/tbg. Tagged sand @ 6434'. Circulated out sand to 6476'. Swabbed well. TIH and cleaned out sand to 6528'. PU and landed 199 jts 2-3/8" tubing @ 6447'. ND BOP. NU wellhead. Swabbed well and kicked off flowing. RD MOCT 2-10-86. Flowed back frac until well cleaned up. SI well 2-13-86 for 7-day buildup. Final SICP - 1640 psi, SITP - 1610 psi. RU testers. Opened well up for 3 hrs thru a 1/2" choke nipple. Final SICP - 640 psi, FTP - 280 psi. Final rate 1754 MCFD. SI well, waiting on pipeline.

RECEIVED  
MAR 13 1986  
OIL CON. DIV.  
DIST. 3

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

SIGNED

Paul C. Bertoglio  
Paul C. Bertoglio

TITLE Petroleum Engineer

ACCEPTED FOR  
DATE 3-4-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC

NEW MEXICO OIL CONSERVATION COMMISSION  
MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Form C-122  
Revised 9-1-65

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special				Test Date 2-20-86		MAR 0 7 1986	
Company BHP Petroleum (Americas), Inc.				Connection			
Pool Basin Dakota				Formation Dakota			
Completion Date 2-20-86		Total Depth 6606'		Plug back TD 6531'		Elevation	
Form or Lease Name Brannon Federal				Well No.			
Csq. Size 4-1/2"	Wt. 10.5	d 4.052	Set At 6605	Perforations: From 6405 To 6443		2-E	
Tbg. Size 2-3/8"	Wt. 4.7	d 1.995	Set At 6447	Perforations: From To		Unit Sec. Twp. Rge. K 29 25N 9W	
Type Well - Single - Brazenhead - G.G. or G.O. Multiple Single				Packer Set At		County San Juan	
Producing Thru Tubing		Reservoir Temp. °F a		Mean Annual Temp. °F		Baro. Press. - P <sub>a</sub> New Mexico	
L	H	Gg	% CO <sub>2</sub>	% N <sub>2</sub>	% H <sub>2</sub> S	Prover	Meter Run Taps

FLOW DATA						TUBING DATA		CASING DATA		Duration of Flow	
NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h <sub>w</sub>	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.		Temp. °F
SI							1640	---	1610	---	7 days
1.	4"		2.5"				640		280		3 hrs.
2.											
3.											
4.											
5.											

RATE OF FLOW CALCULATIONS							
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P <sub>m</sub>	Flow Temp. Factor Ft.	Gravity Factor Fg	Super Compress. Factor, Fpv	Rate of Flow Q, Mcfd
1	129.01	x 3.4 x	4.0				1754
2	(meter coef)	(static)	(dif)				
3.							
4.							
5.							

NO.	P <sub>r</sub>	Temp. °R	T <sub>r</sub>	Z	Gas Liquid Hydrocarbon Ratio 438.5 Mcf/bbl.
1.					A.P.I. Gravity of Liquid Hydrocarbons N/A Deg.
2.					Specific Gravity Separator Gas N/A X X X X X X X X
3.					Specific Gravity Flowing Fluid X X X X X
4.					Critical Pressure P.S.I.A. P.S.I.A.
5.					Critical Temperature R R

P <sub>c</sub> 1652	P <sub>c</sub> <sup>2</sup> 2929104	(1) $\frac{P_c^2}{P_c^2 - P_w^2} = 1.1845$	(2) $\left[ \frac{P_c^2}{P_c^2 - P_w^2} \right]^n = 1.1354$
NO.	P <sub>r</sub> <sup>2</sup>	P <sub>w</sub>	P <sub>w</sub> <sup>2</sup>
1		652	425,104
2			2304000
3			
4			
5			

Absolute Open Flow 1992 Mcfd @ 15.025		Angle of Slope θ		Slope, n 0.75
Remarks: Well flowed thru a 1/2" choke into separator. Gas gauged thru an orifice meter.				
Approved By Commission:		Conducted By: Ted's Field Service		Calculated By: Paul C. Bertoglio
				Checked By:



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other in-  
structions on  
reverse side)Form approved.  
Budget Bureau No. 42-R355.5.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other \_\_\_\_\_  
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other \_\_\_\_\_

2. NAME OF OPERATOR

BHP Petroleum (Americas), Inc.

3. ADDRESS OF OPERATOR

P.O. Box 3280, Casper, Wyoming 82602

4. LOCATION OF WELL (Report location clearly and in accordance with any local regulations)

At surface 1820' FSL &amp; 1490' FWL

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

DIST. 3

5. LEASE DESIGNATION AND SERIAL NO.

SF-078309

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Brannon Federal

9. WELL NO.

2-E

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

Sec. 29 T25N-R9W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

15. DATE SPUDDED 1-2-86 16. DATE T.D. REACHED 1-10-86 17. DATE COMPL. (Ready to prod.) 2-20-86 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\* G.R. 5752'; K.B. 5764' 19. ELEV. CASINGHEAD 5752

20. TOTAL DEPTH, MD &amp; TVD 6606' 21. PLUG, BACK T.D., MD &amp; TVD 6531' 22. IF MULTIPLE COMPL., HOW MANY\* 23. INTERVALS DRILLED BY ROTARY TOOLS 0-T.D. CABLE TOOLS - 0 -

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

Dakota 6405'-6443'

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

SP - DIL; GR-FDC-CNL

27. WAS WELL CORED

No

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#	315'	12-1/4"	250 sx (295ft <sup>3</sup> ) Class "B"	w/
				2% CaCl <sub>2</sub> & 1/4#/sx Flocele	
4-1/2"	10.5#	6605'	7-7/8"	- see back -	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8"	6447'	

30. TUBING RECORD

31. PERFORATION RECORD (Interval, size and number)

6405'-10' - 6 shots - 0.39" diameter  
6413'-28' - 16 shots - 0.39" diameter  
6436'-43' - 8 shots - 0.39" diameter

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6405'-6443'	750 gals 7-1/2% HCl - Fe acid Frac'd w/70,000 gals 30# cross-linked gel w/122,240# 20-40 sand.

33.\* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
-----		Flowing				Shut-In	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
2-20-86	3	1/2"	→	1/2	219	1/2	438,000
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
280	640	→	4	1754	4	N/A	

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

Vented

TEST WITNESSED BY

T.C. Durham

35. LIST OF ATTACHMENTS

None

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

SIGNED

Paul C. Bertoglio

TITLE Petroleum Engineer

DATE 3-4-86

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

## INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

**Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29: "Sacks Cement":** Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

**Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

### 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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
			28. Long string cement record
			1st stage - 670 sx (824.1 ft <sup>3</sup> ) 50-50
			pozmix w/2% gel, 10% salt,
			1/4#/sx Celloflake, 0.5%
			D-31, 0.5% FL-19, and 1%
			R-5.
			2nd stage - D.V. tool @ 4557'
			670 sx (1883 ft <sup>3</sup> ) Class "B"
			w/3% Lo Dense & 1/4#/sx
			Celloflake followed by
			100 sx (118 ft <sup>3</sup> ) Class "B"
			w/1/4#/sx Celloflake

### 38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Nacimiento	surface	
Ojo Alamo	955'	
Kirtland	1242'	
Fruitland	1529'	
P.C.	1883'	
Chacra	2625'	
Cliff House	3460'	
Paint Lookout	4285'	
Mancos	4450'	
Gallup	5363'	
Dakota	6380'	
T.D. Driller	6606'	
T.D. Logger	6606'	

BHP PETROLEUM (AMERICAS) INC.

<u>DEPTH</u>	<u>DEVIATION</u>
322	3/4°
705	3/4°
1047	3/4°
1358	3/4°
1670	1/2°
1905	0°
2448	1/2°
2976	0°
3412	3/4°
3999	1/2°
4496	3/4°
5241	1/2°
6372	1-1/2°
6600	1-3/4°

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DIST. 3

THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation test taken in BHP Petroleum (Americas) Inc.'s

T25N-R9W in San Juan County, New Mexico.

Signed Paul C. Bertogio  
PETROLEUM ENGINEER

THE STATE OF WYOMING) ) SS.  
COUNTY OF NATRONA )

Paul C. Bertoglio known to me to be Petroleum Engineer  
for BHP PETROLEUM (AMERICAS) INC. and to be the person whose name is  
subscribed to the above statement, who, being by me duly sworn on oath,  
states that he has knowledge of the facts stated herein and that said  
statement is true and correct.

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for said County  
and State this 4th day of March, 1985.

Notary Public

My Commission Expires 7-18-88

NO. OF COPIES RECEIVED	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATOR OFFICE	

**NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

**I. Operator**  
 BHP Petroleum (Americas) Inc.  
 Address  
 P. O. Box 3280, Casper, WY 82602  
 Reason(s) for filing (Check proper box)  
 New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐  
 Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☐  
 Change in Ownership ☐

If change of ownership give name and address of previous owner

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Brannon Federal	Well No. 2-E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078309
Location Unit Letter K : 1820 Feet From The South Line and 1490 Feet From The West Line of 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
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 Co.	P. O. Box 990 Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
No	WOPI

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.
		XX	XX					
Date Spudded 1-2-86	Date Compl. Ready to Prod. 2-20-86	Total Depth 6606'		P.B.T.D. 6531'				
Elevations (DF, RKB, RT, CR, etc.) 5764'KB, 5752' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 6405'		Tubing Depth 6447'				
Perforations 6405-6436 30 shots					Depth Casing Shoe 6605			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"	315'		250sx C1 B w/2% CaCl & 1/4# /sx Flocele 2				
7-7/8"	4-1/2"	6605'		Str 1, 670 sx 50-50Pozm				
	2-3/8"	6647' (-247')		(see back)				

**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 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

**OIL CON. DIV.**

**DIST. 3**

**GAS WELL**

Actual Prod. Test-MCF/D 1754	Length of Test 3 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate NA
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 1610	Casing Pressure (Shut-in) 640	Choke Size 1/2"

**VI. CERTIFICATE OF COMPLIANCE**

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

  
 Dale Relden  
 (Signature)

District Clerk

(Title)

April 4, 1986

(Date)

**OIL CONSERVATION COMMISSION**  
**APR 07 1986**  
 APPROVED \_\_\_\_\_  
 Original Signed by FRANK T. CHAVEZ  
 BY \_\_\_\_\_  
 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.

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator BHP Petroleum (Americas) Inc.

Address P.O. Box 3280, Casper, WY 82602

Reason(s) for filing (Check proper box) ☒ New Well ☐ Recombination ☐ Change in Ownership ☐ Change in Transporter of: ☐ Oil ☐ Gas ☐ Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lessee Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Brannon Federal	2-E	Basin Dakota	State, Federal or Fee	Federal \$F-078309
Location				
Unit Letter	K	1820 Feet From The South Line and 1490 Feet From The West		
Line of Section	29	Township 25N	Range 9W	NMPM, San Juan County

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 Co.	P.O. Box 9156, Phoenix, AZ 85068
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P.O. Box 990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	No WOPL

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't.	Diff. Res't.
		XX	XX					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.					
1-2-86	2-20-86	6606'	6531'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
5764' KB, 5752' GR	Dakota	6405'	6447'					
Perforations	Depth Casing Shoe		Depth Casing Shoe					
6405' - 6443' 30 shots	6605'		6605'					

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	315'	250 sx Cl B w/2% CaCl <sub>2</sub>
7-7/8"	4-1/2"	6605'	& 1/4#/sx Flocele
	2-3/8"	6447'	Stg 1, 670 sx 50-50 pozmix

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Text 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/MMCF	Gravity of Condensate
1754	3 hrs	0	NA
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Flowing	1610	640	1/2"

CERTIFICATE OF COMPLIANCE

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

Chris Beale Chris Beale  
(Signature)  
Production Clerk  
(Title)  
June 16, 1986  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 17, 1986  
BY ORIGINAL SIGNED BY ERNIE BUSCH  
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #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 1111.  
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.

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator <b>MERRION OIL &amp; GAS CORPORATION</b>	Well No. <b>30-045-26550</b>
Address <b>P. O. Box 840, Farmington, New Mexico 87499</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) <b>Effective 6/26/93</b>	
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
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 <b>BHP Petroleum (Americas), Inc., 5847 San Felipe, Ste 3600, Houston, TX 770</b>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Brannon Federal</b>	Well No. <b>2E</b>	Pool Name, including Formation <b>Basin Dakota</b>	Kind of Lease <b>State Federal</b>	Lease No. <b>SF-078309</b>
Location Unit Letter <b>K</b> : <b>1820</b> Feet From The <b>South</b> Line and <b>1490</b> Feet From The <b>West</b> Line Section <b>29</b> Township <b>25N</b> Range <b>9W</b> , <b>NMPM</b> , <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>Meridian Oil, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 4289, 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 Company</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>K</b>	Soc. <b>29</b>
	Twp. <b>25N</b>	Rge. <b>9W</b>
	Is gas actually connected? <b>Yes</b> When? <b>N/A</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 (D.F., R.R.B., RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

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.)	Size
Length of Test	Tubing Pressure	Casing Pressure	<b>JUL 19 1993</b>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	<b>OIL CON. DIST.</b>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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.

*Esther J. Greyeyes*  
Signature  
**Esther J. Greyeyes** Operations Tech.  
Printed Name Title  
**7-16-93** (505) 327-9801  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUL 19 1993**  
By *[Signature]*  
**SUPERVISOR DISTRICT #3**  
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.

District I  
PO Box 1900, Hobbs, NM 88241-1900  
District II  
PO Drawer DD, Artesia, NM 88211-4719  
District III  
1000 Rio Brueño 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

I. 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 transporter
API Number 30 - 0 45-26550	Pool Name Basin Dakota	Pool Code 71599
Property Code 007746	Property Name Brannon Federal	Well Number 002E

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
K	29	25N	09W	NESW	1820	south	1490	west	San Juan

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	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
F					

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
009018	Giant Refining Company P. O. Box 12999 Scottsdale, AZ 85267	1907910	O	
007057	El Paso Natural Gas Co. P. O. Box 4990 Farmington, NM 87499	1907930	G	

IV. Produced Water

POD	POD ULSTR Location and Description
1907950	

V. Well Completion Data

Spud Date	Ready Date	TD	PSID	Perforations
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	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	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. Greveyes*  
Printed name: Esther J. Greveyes  
Title: Drig & 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

Distribution: O+4 (BLM); 1-Accounting; 1-Crystal; 1-File

Form 3160-5  
(June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

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DIST. 3

1. Type of Well  
☐ Oil  
☒ Gas Well  
☐ Other

2. Name of Operator

Merrion Oil & Gas Corporation (14634)

3. Address and Telephone No.

610 Reilly Avenue, Farmington, NM 87401-2634 (505) 327-9801

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1820' fsl & 1490' fwl (NESW)  
Section 29, T25N, R9W

5. Lease Designation and Serial No.

SF-078309

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Federal 29 No. 2E

9. API Well No.

30-045-26550

10. Field and Pool, or Exploratory Area

Basin Dakota

11. County or Parish, State

San Juan County,  
New Mexico

12. CHECK APPROPRIATE BOX (s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Change well name</u>	<input type="checkbox"/> Dispose Water

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

13. 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 pertinent to this work.)\*

Merrion Oil & Gas Corporation is changing the name of the above referenced well from:

BRANNON FEDERAL ~~29~~ No. 2E TO FEDERAL 29 No. 2E

070 MAR 26 1999  
SECTION 26 6:11:36

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

Signed

Steven S. Dunn

Title Drlg & Prod Manager

ACCEPTED FOR RECORD

MAR 23 1999

(This space for Federal or State office use)

Approved By

Title

FARMINGTON DISTRICT OFFICE

Conditions of approval, if any:

BY

Date



District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-104  
Revised October 18, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address <b>MERRION OIL &amp; GAS CORPORATION</b> <b>610 Reilly Avenue</b> <b>Farmington, New Mexico 87401-234</b>		<sup>2</sup> OGRID Number <b>014634</b>
		<sup>3</sup> Reason for Filing Code Well Name Change from Brannon Federal <del>29</del> No. 2E
<sup>4</sup> API Number <b>30-045-26550</b>	<sup>5</sup> Pool Name <b>Basin Dakota</b>	<sup>6</sup> Pool Code <b>71599</b>
<sup>7</sup> Property Code <b>7746</b> <b>7787</b>	<sup>8</sup> Property Name <b>FEDERAL 29</b>	<sup>9</sup> Well Number <b>2E</b>

II. <sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
<b>K</b>	<b>29</b>	<b>25N</b>	<b>09W</b>	<b>NESW</b>	<b>1820</b>	<b>SOUTH</b>	<b>1490</b>	<b>WEST</b>	<b>SAN JUAN</b>

<sup>11</sup> Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<b>F</b>	<b>F</b>								
<sup>12</sup> Lse Code <b>F</b>	<sup>13</sup> Producing Method Code <b>F</b>	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
<b>151618</b>	<b>El Paso Field Services</b> <b>614 Reilly Avenue</b> <b>Farmington, New Mexico 87401</b>	<b>1907930</b>	<b>G</b>	
<b>9018</b>	<b>Giant Refining Company</b> <b>P. O. Box 12999</b> <b>Scottsdale, Arizona 85255</b>	<b>1907910</b>	<b>O</b>	

IV. Produced Water

<sup>23</sup> POD	<sup>24</sup> POD ULSTR Location and Description
<b>1907950</b>	

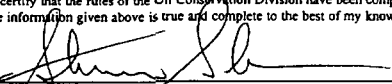
V. Well Completion Data

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> TD	<sup>28</sup> PBTD	<sup>29</sup> Perforations	<sup>30</sup> DHC, DC, MC
<sup>31</sup> Hole Size	<sup>32</sup> Casing & Tubing Size	<sup>33</sup> Depth Set	<sup>34</sup> Sacks Cement		

VI. Well Test Data

<sup>35</sup> Date New Oil	<sup>36</sup> Gas Delivery Date	<sup>37</sup> Test Date	<sup>38</sup> Test Length	<sup>39</sup> Tbg. Pressure	<sup>40</sup> Csg. Pressure
<sup>41</sup> Choke Size	<sup>42</sup> Oil	<sup>43</sup> Water	<sup>44</sup> Gas	<sup>45</sup> AOF	<sup>46</sup> Test Method

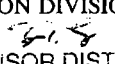
<sup>47</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: 

Printed name: **Steven S. Dunn**

Title: **Drlg & Prod Manager**

Date: **3/23/99** Phone: **(505) 327-9801**

Approved by:   
**SUPERVISOR DISTRICT #3**

Title: \_\_\_\_\_

Approval Date: **MAR 25 1999**

<sup>48</sup> 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