

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

RECEIVED

DEC 21 87

O. C. D.
ARTESIA OFFICE

Operator BRAN OIL CORPORATION	
Address P.O. Box 2328 Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Notification of first production and of transporter of natural gas.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Union "33 Federal	Well No. #1	Pool Name, including Formation Pecos Slope-ABO	Kind of Lease State, Federal or Fee Federal	Lease No. LC-068127
Location Unit Letter J : 1980 Feet From The East Line and 1980 Feet From The South Line of Section 33 Township 6 South Range 26 East, NMPM, Chaves County				

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)					
COMANCHE PIPELINE COMPANY	P.O. Box 2408 Roswell, New Mexico 88201					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	December 16, 1987

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.
		XX	XX					
Date Spudded 11-1-1987	Date Compl. Ready to Prod. 11-30-1987	Total Depth 4,400'	P.B.T.D. 4394'					
Elevations (DF, RKB, RT, GR, etc.) 3636' GR	Name of Producing Formation ABO	Top Oil/Gas Pay 3992'	Tubing Depth 3975'					
Perforations 3992' to 4032' w/ 21 shots			Depth Casing Shoe 4394'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	80'	85sx - circ.
12 1/2"	8 5/8"	815'	250 sx. circ 60 sx.
7 7/8"	4 1/2"	4394'	375 sx.
	2 3/8"	3975'	

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.) Post ID-2 1-29-88 camps & BH	
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 5.745 MMCFD	Length of Test 4 hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate NA
Testing Method (pilot, back pr.) Back pt.	Tubing Pressure (shut-in) 815	Casing Pressure (shut-in) 814	Choke Size Various

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.

J. Andrew Brown
(Signature)

Vice-President

(Title)

December 18, 1987

(Date)

OIL CONSERVATION COMMISSION

JAN 28 1988

APPROVED _____, 19 _____

BY _____ Original Signed By

Mike Williams

TITLE _____ Oil & Gas Inspector

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 multiple