

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 RECEIVED
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

OCT 18 '89

O. C. D.

ARTESIA, OFFICE

Operator BRANEX RESOURCES, INC.	
Address P.O. BOX 2328, ROSWELL, NM 88202-2328	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner BRAN OIL CORPORATION, P.O. BOX 2328, ROSWELL, NM 88202-2328

II. DESCRIPTION OF WELL AND LEASE

Lease Name REDWALL STATE COM	Well No. 1	Pool Name, Including Formation BUFFALO VALLEY PENN	Kind of Lease State, Federal or Fee STATE & FEE	Lease No. VB-0222
Location				
Unit Letter <u>E</u> ; <u>1650</u> Feet From The <u>NORTH</u> Line and <u>990</u> Feet From The <u>WEST</u>				
Line of Section <u>21</u> Township <u>15 SOUTH</u> Range <u>28 EAST</u> , NMPM, <u>CHAVES</u> 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)
NAVAJO REFINING	P.O. DRAWER 159, ROSWELL NM 88210
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)
TRANSWESTERN PIPELINE CO	P.O. BOX 1188, HOUSTON, TX 77251-1188
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	E 21 15S 28E <u>NO</u> <u>yes</u> <u>10/25/89</u> <u>11-2-89</u>

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 06/29/89	Date Compl. Ready to Prod. 9-2-89	Total Depth 9250'	P.B.T.D. 9210'					
Elevations (DF, RKB, RT, GR, etc.) 3575' KB	Name of Producing Formation ATOKA	Top Oil/Gas Pay 8856'	Tubing Depth 8766'					
Perforations 8856' - 8860', 17 HOLES			Depth Casing Shoe 9248'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½	13 3/8	353	365 <u>Part ID-3</u>
12½	8 5/8	1909	1050 <u>11-10-89</u>
7 7/8	4½	9248	750 <u>shg up</u>
	2 3/8	8766	N/A

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

GAS WELL

Actual Prod. Test-MCF/D 2009	Length of Test 24 HRS	Bbls. Condensate/MMCF 50	Gravity of Condensate 52.3
Testing Method (pitot, back pr.) BACK PRESSURE	Tubing Pressure (shut-in) 1350	Casing Pressure (shut-in) 0	Choke Size ¼"

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.

P. J.
(Signature)

ENGINEER

(Title)

10/12/89

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 6 1989, 19

BY ORIGINAL SIGNED BY

TITLE SECRETARY OF COMMISSION

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