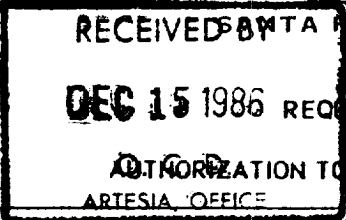


OIL CONSERVATION DIVIS. N

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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SANTA FE	<input checked="" type="checkbox"/>
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LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	



I. OPERATOR

Operator Millard Deck

Address % InterFirst Bank Fort Worth, N.A., P.O. Box 2546, Ft. Worth, TX 76113

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	
Change in Transporter of:	
Oil <input checked="" 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 Norwood Oil Company P.O. Drawer BN, Malakoff, TX 75148

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Brainard Federal</u>	Well No. <u>#1</u>	Pool Name, Including Formation <u>High Lonesome Queen</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>03361</u>
Location				
Unit Letter <u>0</u>	<u>1980</u>	Feet From The <u>East</u>	Line and <u>660</u>	Feet From The <u>South</u>
Line of Section <u>20</u>	Township <u>16S</u>	Range <u>29E</u>	<u>NMPM</u>	Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Navajo Refining Company</u>	<u>501 East Main Street, P.O. Drawer 159, Artesia, NM 88210</u>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<u>Phillips Petroleum</u>	<u>Bartlesville, OK</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>20</u>	Twp. <u>16S</u>	Rge. <u>29E</u>	Is gas actually connected? <u>Yes</u>	When <u>6/86</u>

If this production is commingled with that from any other lease or pool, give commingling order number: no change

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
		<input checked="" type="checkbox"/>						
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 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
<u>38</u>	<u>24 hour</u>	<u>20</u>	<u>36</u>
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
	<u>340</u>	<u>340</u>	<u>16/64</u>

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 above is true and complete to the best of my knowledge and belief.

Ed DiRe
(Signature)
Petroleum Engineer
(Title)
12/11/86
(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 23 1986, 19
BY Original Signed By
Les A. Clements
TITLE Supervisor District II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allow able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of conditio
Separate Forms C-104 must be filed for each pool in multip completed wells.