J. 44 CO. 12		i	
DISTRIBUTION			
SANTA FE			
FILE			
U.\$.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
I HANST ON LA	GAS		
OPERATOR			
PROBATION OFFICE			

	SANTA FE	· i	FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1. Effective 1-1-65		
	U.\$.G.S.	 				
	LAND OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
	OIL		•			
	TRANSPORTER GAS	-				
	OPERATOR	-				
	PROPATION OFFICE	-				
I.	Operator					
Brana Corp. 1223 First Interstate Bank Bldg, 320 Gold Av, SW, Albuquerque, NM 87102 Reoson(s) for filing (Check proper box) Other (Please explain)						
						New Well
	Recompletion	Oil Dry Go	ns 🔲			
	Change in Ownership	Casinghead Gas Conder	nsate			
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Lea	so licarilla Leaso No.		
				Jicarria		
	Mobil Apache	22 South Blanco-	7,0,	102		
	Unit Letter M; 7	90 Feet From The South Lin	ne and 790 Feet From	The West		
	Line of Section 17 To	ownship 23N Range 2V	, NMPM, Rio	Arriba County		
111.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	ıs			
	Name of Authorized Transporter of O	II or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)		
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X		Address (Give address to which approved copy of this form is to be sent) Farmington, NM			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? W	hen		
		ith that from any other lease or pool,	give commingling order number:			
	COMPLETION DATA					
	Designate Type of Completi	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Completi		X	! I I		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	10-14-84	7-1-85	3200	<u> 3196-3158</u>		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil " Yuy	Tubing Depth		
	7298Gr	Pictured Cliffs	2996	3044		
	Perforations		Depth Casing Shoe			
	3000-02,3004-06	6,83010-17, 11' @ 2SPF(0.	53' ' ho1es)	3196		
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	10 1/2	8 5/8 24#	107	70CF-Circ.		
	6 3/4	4 1/2-10.5#	3196	357CF-Circ.		
		2 3/8" tbq, 4.7#,J	3044	Tubing		
			<u> </u>	<u> </u>		
Y.		FOR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	l and must be equal to or exceed top allow-		
Oll. WELL. able for this depth or be for full 24 hours) Date First New Oll Run To Tanks Date of Test Producing Method Thu, Principality (1988)				life escal :		
	Date First New Oil Run 10 1 daks	Date of Teat	Producing Method , , , , , , , , , , , , , , , , , , ,			
	1 and the of Test	Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test	. aping Pressure	LU			
	A Durate a March	Oil-Bbls.	Water-Bbls.	6 11985 Gas-MCF		
	Actual Prod. During Test	OII-Bbis.	· OII C 3	d biv		
	GAS WELL DIST. 3					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	1596	3 hrs	-0-			
	1596 Testing Method (pitot, back pr.)	3 hrs Tubing Pressure(Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Choke THC	901	901	3/4" THC		
THE CONTROL OF COMPLIANCE OF COMPLIANCE				ATION COMMISSION		
VI. CERTIFICATE OF COMPLIANCE		7-25 85 JUL 25 1985				
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. BY Original Signed by FRANK T.			APPROVED JUL 20 199			
			BYUriginal	BY Uriginal Signed by FRANK T. CHAVEZ		
			TITLE SUPERVISOR DISTRICT 第 3			
			This form is to be filed in compliance with RULE 1104.			
			If this is a request for allo	wable for a newly drilled or deepened		

Morris B, Jones, Engineer (Tule) July 15, 1985

well, this form must be accompanied by a tabulation of tests taken on the wall in accordance with MULE 111.

All sections of this form must be filled out completely for silowable on new and recompleted wells.

Fill out only Sections I. II. III. and VI for charges of owner, well nems or number, or transporter, or other ruch change of condition.

Second Forms C-104 must be filed for such most in subticte.