

DISTRIBUTION	
JANUARY	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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

Operator SHERMAN F. WAGENSELLER	
Address Brana Corporation, 1223 First Interstate Bldg, Albuquerque, NM 87102	
Reason(s) for filing (Check proper box)	
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 type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mobil Apache 21	Well No. 1	Pool Name, including Formation South Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee	Jicarilla Indian	Lease No. 162
Location					
Unit Letter D ; 890 Feet From The North Line and 990 Feet From The West					
Line of Section 21 Township 23N Range 2W , NMPM, Sandoval 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
EL PASO GAS COMPANY	Box 1492, El Paso, Tx. 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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.
			X	X					
Date Spudded 11-21-82	Date Compl. Ready to Prod. 1-12-83	Total Depth 3220		P.B.T.D. 3155					
Elevations (DF, RKB, RT, GR, etc.) 7404Gr	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3071		Tubing Depth 3093					
Perforations 3071-75, 3080-84, 3088-91, 3094-98, and 3100-04 (19'@ 2SPF)				Depth Casing Shoe 3197					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11 1/2		8 5/8		97		80CF-Circ.			
6 1/4		4 1/2		3197		357CG-Circ.			
		2 3/8		3093					

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)

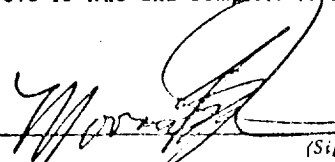
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 863	Length of Test 3Hrs	Bbls. Condensate/MMCF -0-	Gravity of Condensate
Testing Method (pitot, back pr.) Choke THC	Tubing Pressure (Shut-in) 824	Casing Pressure (Shut-in) 824	Choke Size 3/4"THC

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.

  
(Signature)  
Morris B. Jones, Engineer  
(Title)  
January 16, 1983  
(Date)

OIL CONSERVATION COMMISSION  
2-18-83  
APPROVED  
Original Signed by FRANK T. CHAVEZ  
BY  
TITLE 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 multiple