Submit 5 Capies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico

Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Artesia, NM 86210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION P.O. Box 2088 Sante Fe, New Mexico 87504-2088

					-,							
l.			RE	QUEST TO TRA	FOR ALLO	WABLE AN DIL AND NA	D AUTHO	RIZATIO	N			
Operator General A	Atlanti	ic Resc	ources,					Well API	Na.			
Address 410 Sever					) = Done	or Color		102			<del>-</del>	
Resson(s) for Filing (Ch	eck proper b	i stree	L, Sur	<u> </u>	) - Denve	er, Color	ado 802					
New Well Recompletion		,		c	hange in Transpor	ter of:		Otner (Pie	ase explain)			
Change in Operator	<del> </del>		Oil Casinghead Ga		Dry Gas Condensate							
cha3					COTICE ISSUE	'	<del></del>	<del></del>		_		
nd address of previous ope	erator _B}	IP PETE	ROLEUM	(AMER	ICAS), INC	C., 5847 SA	N FELIP	E. SUIT	F 3600 I	ACTELION	TV 7705	
. DESCRIPTIC	ON OF V	VELL AN	ND LEASI	E					_ 0000, 1	1000101	i, IX //05	
Brannon Federal			Well No. Pool Name, including For 2 Basin Dakota			, and and						
Location Unit Letter	D	:_	790	Feet	From The NOT	th Line and	790	F	set From The	West	Line	
Section	29	Township	25N	Rang	9w	,NMPM,		San J	_		County	
I. DESIGNATIO	ON OF T	RANSP	ORTER (	OF OIL	AND NATI	IDAL CAC						
I. DESIGNATION OF TRANSPORTER OF OIL AND NAT  Name of Authorized Transporter of Oil or Condensate  Giant Industries, Inc.						Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, New Mexico 87401						
Name of Authorized Trans El Paso Natural	porter of Casi Gas Co.	inghead Gas	or De	y Gas	X	Address (Giv	e address to wi	hich approve	d copy of this f	orm is to be sen	t)	
If well produces oil or liqui		Unit	Sec.	Twp.	Rge.	is gas actually		iiigton,	When?			
give location of tanks.			29 25N 9W			Yes			11/17/65			
his production is comming	pled with that f	rom any other	lease or pool, g	ive comming	ling order number:							
. COMPLETIO	NUAIA	<u> </u>	Oil W		Gas Well	New Well	Moderne	T 6				
Designate Type of Completion - (X)					I TOWN Y TOUR!	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded			Date Compl.	Ready to Pro	d.	Total Depth	<u> </u>	<u> </u>	P.B.T.D.	L	1	
Elevations (DF,RKB,RT,GR,etc.)			Name of Proc	lucing Forma	tion	Top Oil/Gas Par	Top Oil/Gas Pay			Tubing Depth		
Perforations									Table September 1			
renorations							-		Depth Casing	Shoe		
			TUBI	NG, CA	SING AND	CEMENTIN	G RECOR	ID.				
HOLE SIZE			CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
					<del></del>			<del></del>			<del></del> -	
										·		
TEST DATE									<u> </u>		-	
OIL WELL (To Date First New Oil Run to 1	est must be :	after recovery		e of load oil	and must be equ	al to or exceed to			g - ,	10 Pm		
ength of Test			Date of Test Tubing Press	<del></del>		Producing Method (Flow, pump, gas lift,						
Actual Prod. During Test			Oil – Bols.			Casing Pressure  Water Bbis.			JUNI 6 1993			
			OR - Buis.			Water - Bols.		"-"OIL CON. DIV				
GAS WELL										DIS		
Actual Prod. Test - MCF/D	)	T	Length of Test			Bbis. Condensa	te/MMCF		Gravity of Cor		· · ·	
esting Method (outitm bacj or.)			Tubing Pressu	ire (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
OPERATOR C	EDTIE	CATE	E COMP	LIANCE	•		011.00	\\(\(\)	/ATION	DI ((0) 0)		
I hereby certify that the re	ules and regui	lations of the (	Dil Conservation		•	OIL CONSERVATION DIVISION						
Division have been compiled with and that the information given above is tryental complete to the best of my knowledge and belief.						Date Approved JUN 1 6 1993						
(*)_ (_ 1,100												
Signatu						Ву	Original S	rigned by	CHARLES	Up 10 LU ÜN		
Jim Wolfe	e Vi	ce Pre	sident/	'Operat	cions	'-						
Printed Name				Title	<del></del>		page of the second	e Angales es	ar intender	מחת מחיד	er <b>3</b>	
E /01 /03						Title	URPUIT	UL S G	23 instri 	TOR, DIST. (	μ <b>υ</b>	
5/01/93 Date				303) 573- elephone No								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule III.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.