

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Brannon Oil &amp; Gas, Inc.</b>		Well API No. <b>30-045-26999</b>
Address <b>2240A Forest Park Blvd., Fort Worth, Texas 76110</b>		
Operator's for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
Change in Well <input type="checkbox"/>	Change in Transporter of:	
Completion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
Address of operator give name <b>M. J. Brannon, 2240A Forest Park Blvd., Fort Worth, Texas 76110</b>		
Address of previous operator		

DESCRIPTION OF WELL AND LEASE

Lease Name <b>Federal 29</b>	Well No. <b>1E</b>	Pool Name, Including Formation <b>Basin Dakota</b>	Kind of Lease <b>XXX Federal XXX</b>	Lease No. <b>SF 078309</b>
Section <b>29</b> Township <b>25N</b> Range <b>9W</b> , NMPM, <b>San Juan</b> County				
Unit Letter <b>J</b> <b>1850</b> Feet From The <b>South</b> Line and <b>1555</b> Feet From The <b>East</b> Line				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Designation 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) <b>P.O. Box 1183, Houston, TX 77251</b>	
Designation 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) <b>P.O. Box 4990, Farmington, NM 87499</b>	
Well produces oil or liquids, location of tanks.	Unit <b>J</b> Sec. <b>29</b> Twp. <b>25N</b> Rge. <b>9W</b>	Is gas actually connected? <b>Yes</b> When? <b>1-3-90</b>
If its production is commingled with that from any other lease or pool, give commingling order number:		

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Deviation (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Casinghead		Depth Casing Shoe						

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

(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.)			
Oil Well	First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	
Oil Prod. During Test	Oil - Bbls.	Water - Bbls.	
GAS WELL		Length of Test	Bbls. Condensate MMCF
Actual Prod. Test - MCF/D	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Grav. of Condensate
Testing Method (pilot, back pr)			Choke Size

OPERATOR 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.

Signature Richard Brannon Pet. Engr.  
Printed Name Richard Brannon Title 317/924-8695  
Date 3/28/90 Telephone No.

OIL CONSERVATION DIVISION

APR 02 1990  
Date Approved   
By Barry D. Chang  
Title SUPERVISOR DISTRICT #3

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.