

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised for Old C-104 and C-1
Effective 1-1-85

OCT 13 '88

O. C. D.
ARTESIA, OFFICE

DISTRIBUTION			
SANTA FE		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FILE		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
OPERATOR			
PRORATION OFFICE			

Operator
BRAN OIL CORPORATION ✓

Address
P.O. BOX 2328, ROSWELL, NEW MEXICO 88202

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

REQUEST FOR AUTHORIZATION TO TRANSPORT
DRY GAS.

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name OSAGE "33" COM.	Well No. 1	Pool Name, Including Formation PECOS SLOPE ABO	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter B : 990 Feet From The NORTH Line and 1980 Feet From The EAST Line of Section 33 Township 6 SOUTH Range 26 EAST , N14W, CHAVES County				

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 type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
COMANCHE PIPELINE COMPANY	P.O. BOX 2203, ROSWELL, NEW MEXICO 88202
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	YES 10/12/88

If this 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.
		X	X					
Date Spudded 09/07/1988	Date Compl. Ready to Prod. 10/07/1988	Total Depth 4,400'	P.B.T.D. 4,335'					
Elevations (DF, RKB, RT, GR, etc.) 3,628 KB	Name of Producing Formation ABO	Top Oil/Gas Pay 3,769'	Tubing Depth 3,835'					
Perforations 3951-3994			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 23#	812'	250 SX CIRC TO SURF
7 7/8"	4 1/2" 10.5#	4,390'	450 SX
	2 3/8"	3,835'	

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 875 MCF/PD	Length of Test 4 HRS	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) FLOW TEST	Tubing Pressure (Shut-in) 720 PSIG	Casing Pressure (Shut-in) 720 PSIG	Choke Size 32/64"

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.

Dave Newman
(Signature)

DRILLING OPERATIONS AND ENGINEERING
(Title)

10/08/1988

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 27 1988, 19

BY Original Signed By
Mike Williams

TITLE

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 well.