

UNITED STATES OF AMERICA
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(See other In-
structions on
reverse side)

RECEIVED

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-068127	
b. TYPE OF COMPLETION: NEW WELL <input type="checkbox"/> WORK OVER <input checked="" type="checkbox"/> DEEP EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. <input type="checkbox"/> Other <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Primero Operating, Inc.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 1433, Roswell, NM 88202-2433		8. FARM OR LEASE NAME Union "33" Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements) At surface 1880' FSL & FWL, NW1/4 SW1/4, Unit Letter K At top prod. interval reported below At total depth		9. WELL NO. 2	
14. PERMIT NO. 30-005-62724		10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo	
DATE ISSUED 09/08/89		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 33, T6S-R26E	
12. COUNTY OR PARISH Chaves		13. STATE New Mexico	
15. DATE STUDDED 10/15/89	16. DATE T.D. REACHED 10/24/89	17. DATE COMPL. (Ready to prod.) This Comp. 12/23/92	18. ELEVATIONS (DF, RKB, RT, GR, ETC.) 3697' GL
19. ELEV. CASINGHEAD 3696'		20. TOTAL DEPTH, MD & TVD 4250'	
21. PLUG, BACK T.D., MD & TVD 4129'		22. IF MULTIPLE COMPL., HOW MANY N/A	
23. INTERVALS DRILLED BY XX		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) 3874-3888 2spf Abo	
25. WAS DIRECTIONAL SURVEY MADE Yes		26. TYPE ELECTRIC AND OTHER LOGS RUN None	
27. WAS WELL CORRED NO		28. CASING RECORD (Report all strings set in well)	
Casing Size		Weight, LB./FT.	
13 3/8		65	
8 5/8		24	
4 1/2		10.5	
Depth Set (MD)		Hole Size	
92		17 1/2	
784		12 1/4	
4225		7 7/8	
Cementing Record		Amount Pulled	
130sx			
425sx			
350sx			
29. LINER RECORD		30. TUBING RECORD	
Size		Size	
Top (MD)		Depth Set (MD)	
Bottom (MD)		Packer Set (MD)	
Sacks Cement			
Screen (MD)			
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
Old 11/07/89 3944-54.5 8 Holes		Depth Interval (MD)	
3970-94 17 Holes		Amount and Kind of Material Used	
New 12/19/92 3874-3888 2 Holes		3944 - 94 60,000 gal 2% KCL 95000 # sand	
		3874 - 3888 1500 gal 7 1/2% NEFE	
33. PRODUCTION		WELL STATUS (Producing or shut-in) Producing	
Date First Production 12/29/92		Production Method (Flowing, gas lift, pumping—size and type of pump) Flowing	
Date of Test 12/31/92		Hours Tested 24	
Choke Size 48/64		Prod'n. for Test Period 0	
Oil—BBL. 0		Gas—MCF. 34.6	
Water—BBL. 0		Gas-Oil Ratio N/A	
Flow. Tubing Press. 120		Casing Pressure 150	
Calculated 24-Hour Rate 0		Oil Gravity-API (Corr.) N/A	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Sold		TEST WITNESSED BY Billy Walker	
35. LIST OF ATTACHMENTS None		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
SIGNED [Signature]		DATE 12/31/92	

*(See Instructions and Spaces for Additional Data on Reverse Side)

RECEIVED

MAY 21 1991

O. C. D.
ARTESIA, OFFICEForm C-104
Revised 10-01-78
Format 08-01-83
Page 1STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator PRIMERO OPERATING, INC.	
Address PO BOX 1433, ROSWELL, NM 88202	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate CHANGE OF OPERATOR

If change of ownership give name and address of previous owner BRANEX RESOURCES INC.

II. DESCRIPTION OF WELL AND LEASE

Lease Name Union #33 Federal	Well No. 2	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State, Federal or Fee Federal	Lease No. LC-068127
Location Unit Letter <u>X</u> : <u>1880</u> Feet From The <u>South</u> Line and <u>1880</u> Feet From The <u>West</u> Line of Section <u>33</u> Township <u>6S</u> Range <u>26E</u> , NMPM, <u>Chaves</u> 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 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	PO Box 2408, Roswell, NM 88202	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When
	YES	11/20/89

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

F. Andrew Grooms
(Signature)
F. Andrew Grooms, Vice-President
(Title)
05/16/91
(Date)

OIL CONSERVATION DIVISION

APPROVED AUG 7 1991, 19_____
BY ORIGINAL SIGNED BY
MIKE WILLIAMS
TITLE SUPERVISOR DISTRICT II

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 multiply completed wells.

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

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

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

NOV 22 '89

Operator BRANEX RESOURCES, INC.		O. C. D.	
Address P.O. Box 2328, Roswell, NM 88202-2328		ARTESIA, OFFICE	
Reason(s) for filing (Check proper box)		Other (Please explain)	
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 checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Bran Oil Corporation, P.O. Box 2328, Roswell, NM 88202-2328

DESCRIPTION OF WELL AND LEASE

Lease Name Union "33" Federal	Well No. 2	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State, Federal or Fee Federal	Lease No. LC-068127
Location Unit Letter <u>K</u> : <u>1880</u> Feet From The <u>South</u> Line and <u>1880</u> Feet From The <u>West</u> Line of Section <u>33</u> Township <u>6S</u> Range <u>28E 24</u> , <u>NMPM</u> , <u>Chaves</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> N/A	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"/> Comanche Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2408, Roswell, NM 88202-2408					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 33	Twp. 6S	Pge. 26E	Is gas actually connected? Yes	When 11/20/89

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.	Dill. Res'v.
		X	X					
Date Spudded 10/15/89	Date Compl. Ready to Prod. 11/13/89		Total Depth 4250'		P.B.T.D. 4129'			
Elevations (DF, RNB, RT, CR, etc.) 3697' GL	Name of Producing Formation Abo		Top Oil/Gas Pay 3944'		Tubing Depth 4005'			
Perforations 3944' - 54.5' 8 holes; 3970' - 94' 17 holes					Depth Casing Shoe 4225'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2"	13 3/8"		92'		130			
12 1/4"	8 5/8"		784'		425			
7 7/8"	4 1/2"		4225		350			

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 1342	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 840	Casing Pressure (Shut-in) 840	Choke Size 1/2"

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.



Phelps White IV (Signature)
Engineer

11/17/89

(Title)

(Date)

OIL CONSERVATION COMMISSION

JAN 15 1990

APPROVED _____, 19 _____

BY _____
ORIGINAL SIGNED BY
MIKE WILLIAMS

TITLE _____
SUPERVISOR, DISTRICT II

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Separate Forms C-104 must be filled for each pool in multiple-