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 Appropriate District Office  
 P.O. Box 1980, Hobbs, NM 58240

State of New Mexico  
 Energy, Minerals and Natural Resources Department

Form C-104  
 Revised 11-89  
 See Instructions  
 at Bottom of Page

**OIL CONSERVATION DIVISION**

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

DISTRICT II  
 P.O. Drawer DD, Artesia, NM 58210

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

I. Operator Earl R. Bruno Well Appl. No. 30-005-72672

Address P.O. Box 590 Midland, Texas 79702

Reason(s) for Filing (Check proper box)  Other (Please explain)  
 New Well  Change in Transporter of:  Dry Gas   
 Recompletion  Oil  Casinghead Gas  Condensate   
 Change in Operator

If change of operator give name and address of previous operator El Ran, Inc., P.O. Box 911, Lubbock, Texas 79408

II. DESCRIPTION OF WELL AND LEASE Chaveroo

Lease Name Chaveroo San Andres Unit Well No. 3 Pool Name, Including Formation San Andres Kind of Lease Fee Lease No. Fee

Location (Tract 6)  
 Unit Letter H 1650 Feet From The NL Line and 990 Feet From The EL Line  
 Section 3 Township 8 South Range 32 East NMPM. Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Injection well

Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)  
Phillips 66 Company 901 Adams Building, Bartlesville, OK 74004

Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent)  
Trident NGL, Inc. Attn: Plant Accounting, RM 456  
10200 Grogan's Mill Road, The Woodlands, TX  
77380

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	Drif Res v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 100 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tank	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pump, back pr)	Tubing Pressure (Swell-in)	Casing Pressure (Swell-in)	Choke Size

VI. 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.

By: Randy Bruno  
 Signature Randy Bruno Title President  
 Printed Name August 31, 1992 Date 915/685-0113 Telephone No.

OIL CONSERVATION DIVISION  
 SEP 08 '92  
 Date Approved \_\_\_\_\_  
 By ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR  
 Title \_\_\_\_\_

- 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 111.
  - 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.