Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	T	O TRAI	<u>USPC</u>	ORT OIL	AND NA	UHAL GA	NS Well A	Pl No			
Operat PERMICON RESOLUTION	NEES I	10. , l)BA	Permia	an Partn	ers, Inc.			09063	3- 00-	
P. 0. Box 590	M	idland	, Ie	xas 79	1702 Oth	er (Please expla	in)				
Reason(s) for Filing (Check proper box) New Well	Oil	Change in	Franspo Dry Ga			i (i ieuse expa	<i></i> ,				
Recompletion	Casinghead	_	Conden								
I change of operator give name and address of previous operator Earl	R. Bru		pany	Р.	O. Box	590	Midlar	d, TX	79702		
II. DESCRIPTION OF WELL	AND LEA		Dool Mr	ama Includio	ng Formation		Kind o	of Lease		ase No.	
Seven Rivers Queen Un		Well No.	Euni	ce Seve	en River	s Queen :	_	Federal or Fee	<u>-</u>		
Location Unit Letter	. 198	30	Feel Fr	om The	nothio	and	<u>80 </u>	et From The _	West	Line	
Section 7 Township 22S Range 36E , NMPM, Lea County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS In which approved copy of this form is to be sent)											
Name of Authorized Transporter of Oil or Condensate											
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.		i	Twp.	Rge.			When	· · · · · · · · · · · · · · · · · · ·			
If this production is commingled with that	from any other	r lease or p	ool, giv	ve comming!	ing order num	ber:					
IV. 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.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					<u></u>	Depth Casing Shoe					
		UDING	CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	ļ										
	TOD A	I I OWA	च ।त		<u> </u>						
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ecovery of lo	al volume	of load	oil and must	be equal to or	exceed top allo	owable for the	s depth or be	for full 24 how	·s.)	
Date First New Oil Run To Tank Date of Test						Floring Medica (1984) 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL								Gravity of C	Condensale		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAI	NCE		OIL CON	ISERV	ATION	DIVISIO	N	
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.					Date Approved 0.4000						
Band Bills					ORIGINAL SIGNED B 1993 RY SEXTON By DISTRICT (SUPERVISOR						
Signature Randy Bruno President											
Printed Name Title May 17, 1993 915/685-0113]			·		
Pila Pila			phone							and a street large	

- 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
- 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.