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SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOP			
PROBATION OFFICE			

23 April 1968 (Date)

	SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		Form C-104 Supersedes Old C-104 and C-110		
	FILE	AND Effective 1-				
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS		
	LAND OFFICE			5 , 15		
	TRANSPORTER OIL					
	GAS					
	OPERATOP					
I.	PRORATION OFFICE					
	Operator					
	Bronco Oil Corp	oration ·				
	Address					
	Reason(s) for filing (Check proper box	r)	Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Ga	ıs 🔲			
	Change in Ownership	Casinghead Gas Conder	nsate			
	Mahara of amarabia sina nama		•			
	If change of ownership give name and address of previous owner					
		• /	· · · · · · · · · · · · · · · · · · ·			
II.	DESCRIPTION OF WELL AND		to a second second			
	Lease Name	Well No. Pool Name, Including F	ormation Kind of Lea	Lease No.		
	Elk State	1 Undesignate	d State, Feder	cal or Fee State		
	Location					
	Unit Letter N ; 330 Feet From The South Line and 2310 Feet From The West					
	our correct in , DDO reaction the DDHLH Chie and N310 reaction the Wast					
	Line of Section 16 To	ownship 23-S Range 3	7-E , NMPM,	Lea County		
			· · · · · · · · · · · · · · · · · · ·			
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	ıs			
	Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)		
	Permian Corpora	ation	Box 3119, Midland	. Texas		
	Name of Authorized Transporter of Co			oved copy of this form is to be sent)		
			İ			
	76 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Unit Sec. Twp. P.ge.	Is gas actually connected? W	hen		
	If well produces oil or liquids, give location of tanks.	M 16 23-S 37-E	No			
		ith that from any other lease or pool,	give commingling order number:			
14.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completi	$\operatorname{ion} - (X)$ X	X			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	12-22-67	4-12-68	7357'			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	6510 ' Tubing Depth		
	1		1			
	3296.6 GL	Blinebry	5348	5910 Depth Casing Shoe		
	5887'-5646'; 5598		D OFFICIAL DECORD			
			D CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12½	95/8	1055'	450 sx.		
	83/4	7	7350!	550 sx		
		2 3/8"	5910'			
			<u> </u>	<u>i</u>		
V.	TEST DATA AND REQUEST F			l and must be equal to or exceed top allow-		
	OIL WELL		epth or be for full 24 hours) Producing Method (Flow, pump, gas			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (riow, pump, gas	··/·, e.c./		
	4-15-68	4-18-68	Flow	Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	24 hrs.	100#	840	32/64 Gas-MCF		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF		
	123	102	21	183		
	GAS WELL					
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIAN	NCE	OIL CONSERV	ATION COMMISSION		
I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION CONTROLL				
		APPROVED, 19				
above is true and complete to the best of my knowledge and belief.			BY	BY MAN		
			TITYE			
			This form is to be filed in compliance with RULE 1104.			
			If this is a request for all	If this is a request for allowable for a newly drilled or deepened		
	(Sig	nature)	well this form must be accome	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Vice Pres	sident ()	tests taken on the well in acc	ordance with RULE 111. nust be filled out completely for allow-		
		Title)	All sections of this form in able on new and recompleted	wells.		

All sections of this form must be able 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.