

Submit 5 Copies  
 appropriate District Office  
**DISTRICT I**  
 P.O. Box 1980, Hobbs, NM 88240  
**DISTRICT II**  
 P.O. Drawer DD, Artesia, NM 88210  
**DISTRICT III**  
 000 Rio Brazos Rd., Aztec, NM 87410

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

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

Operator Earl R. Bruno		Well API No.
Address P.O. Box 590 Midland, Texas 79702		
Reason(s) for Filing (Check proper box)		<input type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name State 6	Well No. 2	Pool Name, including Formation Chaveroo (San Andres)	Kind of Lease (State, Federal or Fee)	Lease No. K-2779
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>600</u> Feet From The <u>West</u> Line				
Section <u>6</u> Township <u>8S</u> Range <u>33E</u> , NMPM, <u>Chaves</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock/Permian	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4648 Houston, Texas 77210	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Trident NGL, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 300 Tulsa, OK. 74102	
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>   Sec. <u>6</u>   Twp. <u>8S</u>   Rge. <u>33E</u>	Is gas actually connected? <u>Yes</u>   When? <u>2-8-67</u>

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> 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			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 top 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 (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-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.

Signature: Randy Bruno  
 Printed Name: Randy Bruno  
 Date: 3/16/92  
 Title: Production Mgr.  
 Telephone No.: 915685-0113

**OIL CONSERVATION DIVISION**  
**MAR 23**  
 Date Approved \_\_\_\_\_  
 By: ORIGINAL SIGNED BY JERRY SEXTON  
 Title: \_\_\_\_\_  
DISTRICT SUPERVISOR

- 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.