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DISTRICT I  
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**

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87419

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

Operator <b>Earl R. Bruno</b>		Well API No.
Address <b>P. G. Drawer 590 Midland, TX 79702</b>		
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 type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator, give name and address of previous operator: <b>Bristol Resources Corp. 6655 S. Lewis, Ste. 200 Tulsa, OK 74136</b>		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>State 5-8-33</b>	Well No. <b>9</b>	Pool Name, Including Formation <b>Chaveroo (San Andres)</b>	Kind of Lease <b>State, Federal or Fee</b>	Lease No. <b>NM-5144</b>
Location Unit Letter <b>J</b> : <b>1980</b> Feet From The <b>South</b> Line and <b>1980</b> Feet From The <b>East</b> Line Section <b>5</b> Township <b>8-S</b> Range <b>33-E</b> , <b>NMPM</b> , <b>Chaves</b> 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"/>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 2080 Dallas, TX 75221-2080</b>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 300 Tulsa, OK 74102</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>G</b>	Sec. <b>5</b>
	Twp. <b>8S</b>	Rge. <b>33E</b>
	Is gas actually connected? <b>Yes</b>	When? <b>6-25-76</b>

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 <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 <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (D.F., R.R.P., R.L., G.R., 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 lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Ran 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 (pitot, 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.

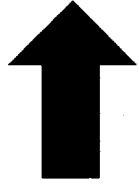
Signature: *Randy Bruno*  
 Printed Name: RANDY BRUNO  
 Date: 12/16/91  
 Title: Prod. Man.  
 Telephone No.: 915-6850113

**OIL CONSERVATION DIVISION**

Date Approved: 12/16/91  
 By: \_\_\_\_\_  
 Title: \_\_\_\_\_

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

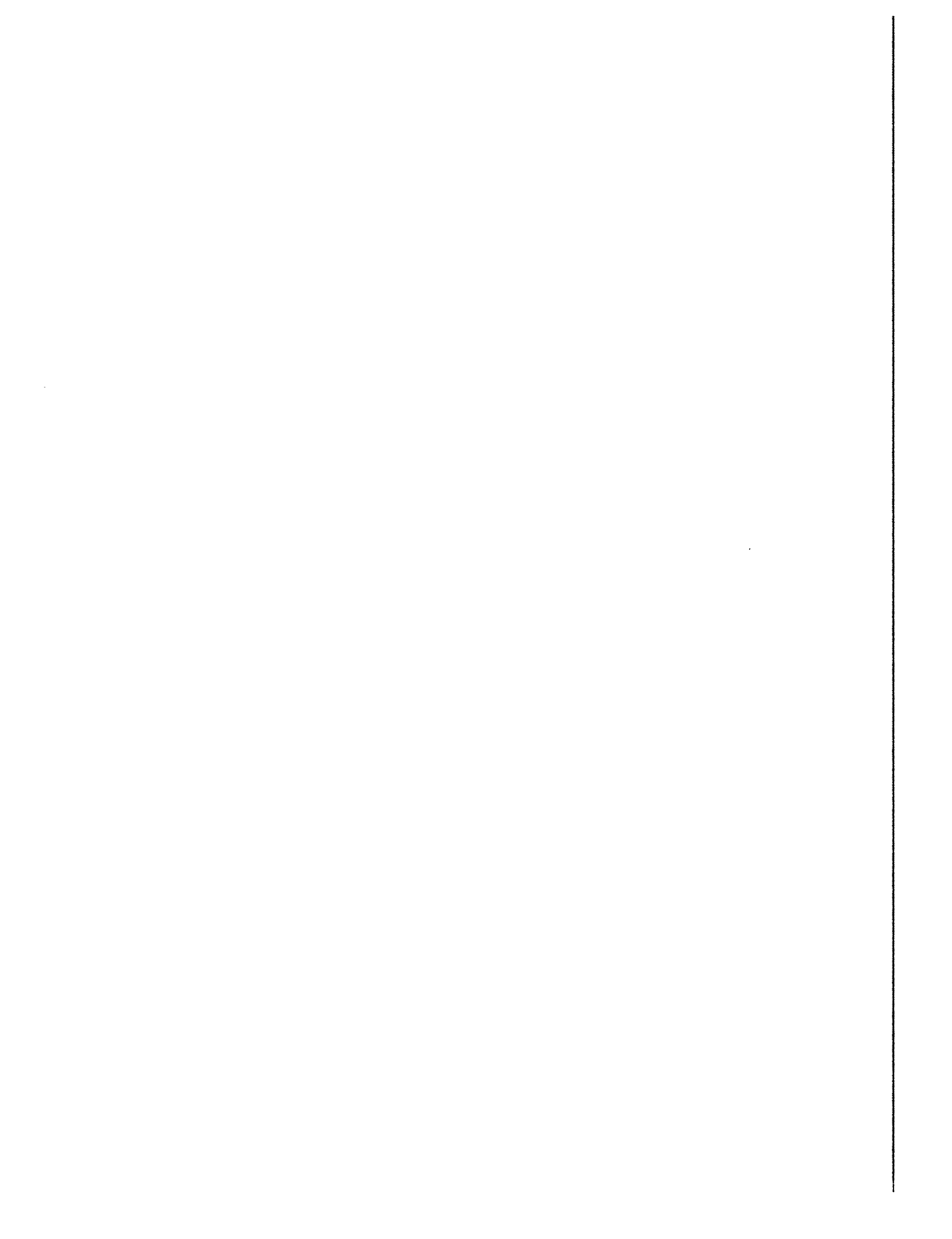
- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Complete Form C-104 must be filed for each pool in multiply completed wells.



**LTR**



**Job separation sheet**



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

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

**RECEIVED**  
FEB 10 1989  
OIL CONSERVATION COMMISSION

**I. OPERATOR**

Operator Bristol Resources Corporation

Address 3601 E. 51st, Suite B, Tulsa, OK 74135

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain) \_\_\_\_\_

If change of ownership give name and address of previous owner Union Pacific Resources Company, 1000 Louisiana, Suite 3000, Houston, TX. 77002

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>State 5-8-33</u>	Well No. <u>9</u>	Pool Name, including Formation <u>Chaveroo (San Andres)</u>	Kind of Lease State, Federal or Fee State NM	Lease No. <u>5144</u>
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>5</u> Township <u>8-S</u> Range <u>33-E</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"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Mobil Pipeline</u>				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>Cities Service Company</u> <u>oxy NGL</u>	<u>Box 300, Tulsa, Oklahoma 74102</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>5</u>	Twp. <u>8-S</u>	Rge. <u>33-E</u>
	Is gas actually connected?		When	
	<u>Yes</u>		<u>6-25-76</u>	

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.	Diff. Res'v.
<input checked="" type="checkbox"/>								
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 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	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 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.

Sue Dipley  
Sue Dipley (Signature)  
Administrative Manager  
(Title)  
9/30/88  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 10 1989, 19

BY Paul Kautz  
Orig. Signed by  
Geologist

TITLE \_\_\_\_\_

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 multiple completed wells.