

## OIL CONSERVATION DIVISION

P.O. Box 2088

**Santa Fe, New Mexico 87504-2088**

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

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

EC 1992

O.C.D.

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

Operator Earl R. Bruno Co. ~		Well API No. 30-015-20782
Address P.O. Box 590 Midland, Texas 79702		
Reason(s) for Filing (Check proper box)		<input checked="" 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"/>	Effective Date <u>11/1/92</u>
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 Phillips Petroleum Company, 4001 Penbrook St., Odessa, TX 79762

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Drag B Com.	Well No. 2	Pool Name, Including Formation South Carlsbad (Morrow)	Kind of Lease <del>State</del> Federal or <del>Fee</del>	Lease No. NM0275360
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>19</u> Township <u>23S</u> Range <u>27E</u> , NMPM, Eddy County				

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

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co. & Llano Gas Co.					Box 1492, El Paso, Texas 79988 Box 1320, Hobbs, New Mexico 88240	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					Yes	5-31-73
If this production is commingled with that from any other lease or pool, give commingling order number:					8-23-73 Split Connection	

#### 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						Depth Casing Shoe			

## TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Port ID-3
			15-11-92
			cky op

## 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 10p 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 President

Printed Name Randy Bruno Title

Date 11/30/92 915/685-0113

Telephone No.

## OIL CONSERVATION DIVISION

Date Approved DEC 7 1992

By \_\_\_\_\_ ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title \_\_\_\_\_ SUPERVISOR, DISTRICT 14

**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.

RECEIVED

DEC 07 1992

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