

Submit 5 Copies
 Appropriate District Office
 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
 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

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

I. Operator EARL R. BRUNO COMPANY Well API No. 30-025-09069-00 *OK*
 Address P.O. Box 590 MIDLAND TEXAS 79702
 Reason(s) for Filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Operator Casinghead Gas Condensate
 If change of operator give name and address of previous operator EARL R. BRUNO P.O. Box 590 MIDLAND TEXAS

II. DESCRIPTION OF WELL AND LEASE
 Lease Name SEVEN RIVERS QUEEN UNIT Well No. 6 Pool Name, Including Formation EUNICE SEVEN RIVERS QUEEN SOUTH Kind of Lease State, Federal or Free Lease No.
 Location
 Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line
 Section 27 Township 22S Range 36E, NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
TEXAS NEW MEXICO PIPELINE COMPANY Address (Give address to which approved copy of this form is to be sent) Box 2528 Hobbs NM 88240
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Warren Petroleum, GPM & Texaco E&P Inc Address (Give address to which approved copy of this form is to be sent)
 If well produces oil or liquids, give location of tanks. Unit F Sec. 34 Twp. 22S Rge. 36E Is gas actually connected? YES When? TEXACO 5-1-84
GPM 3-16-74
WARREN 3-25-60
 If this production is commingled with that from any other lease or pool, give commingling order number: R 663/R 4671

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

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 J. E. Gray
 Printed Name J. E. GRAY Title ENGINEER
 Date 11-2-92 Telephone No. 915-685-0113

OIL CONSERVATION DIVISION
 Date Approved JAN 2 1993
 By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
 Title _____

- 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.