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 III 1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Chamtor		<u> </u>						Well A	Pl No.			
Operator Earl R. Bruno						:						
Address								_				
P.O. Box 590 Midland	I, Texas	7970	2			(D)	. f., \					
Reason(s) for Filing (Check proper box)					U Ou	ner (Please expla	un)					
New Well	•	Change in		sporter of:								
Recompletion	Oil	닏	-	Gas 🖳								
Change in Operator	Casinghead	Gas	Con	densate								
f change of operator give name and address of previous operator Sar	nta Fe E	nergy	<u>0</u> r	perating	<u>Partner</u>	s, L.P.						
I. DESCRIPTION OF WELL	AND LEA	SE										
Lease Name Well No. Pool Name, Including									f Lease Federal or Fee		ease No.	
SFPRR		1	<u></u>	West Saw	<u>yer (Sa</u>	n Andres)			<u> </u>		
Location Unit Letter 7	. 66	0	_ Fee	From The	<u> </u>	ne and	1980	Fe	et From The _	& (ZV Line	
4.0				.3	78	ІМРМ,	£.) اری ح			County	
Section 33 Township	p 7	/4	Rar	ige	<u> </u>	(WIFWI,			_a_,,,	-		
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	AND NATUI	RAL GAS				ann of this fo	em is to be se	ent)	
Name of Authorized Transporter of Oil	[X]	or Conde	nsale		Accurect (C.							
Mobil Pipeline Company						P.O. Box 900 Dallas, Texas 75221 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casing	ghead Gas	\searrow	4	Ory Gas	ì					,,,,, m m ne ne	····· /	
Cities Service Inc	dent M		<u>Inc</u>			O Tulsa, By connected?	_UK_	/41 When				
If well produces oil or liquids,	t	Sec.	Tw		-	ny connected?	i	WHEL	•			
rive location of tanks.	G	33		9S 37E	Yes	nber:						
f this production is commingled with that	from any other	er lease or	роон	, give commungi	ing order nor							
V. COMPLETION DATA		Oil Wel	1	Gas Well	New Well	Workover	De	epen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	I WE	•]	i	İ				_l	
Date Spudded	Date Comp	i. Ready to	o Pro	d.	Total Depth	1			P.B.T.D.			
Date Spinner												
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Ga	s Pay			Tubing Depth			
Perforations					L				Depth Casin	g Shoe		
1 01.0184044												
	T	UBING	, CA	SING AND	CEMENT	ING RECOR	D_		1	2401/2 251	FNT	
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
11022 0.02									 			
		- 1 - 2 - 2							<u> </u>			
V. TEST DATA AND REQUE OIL WELL (Test must be after t	ST FOR A	LLOW	AB	Lills and all and serve	he equal to	or exceed top all	lowable	for thi	s depth or be	for full 24 hou	urs.)	
OIL WELL (Test must be after t			e of le	paa ou ana musi	Producing 1	Method (Flow, p	wmp, g	as lift, e	etc.)			
Date First New Oil Run To Tank	Date of Te	Date of Test										
Length of Test	Tubing Pressure				Casing Pressure				Choke Size			
Length of Test	I HOUR I LEASURE							Geo MCF				
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF		
					1							
GAS WELL									TC=	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate			
						Casing Pressure (Shut-in)			Choke Size			
Tubing Pressure (Shut-in)					Casing Flessure (Shur-in)							
					┧┌──							
VI. OPERATOR CERTIFIC	CATE OF	COM	PL!	IANCE		OIL COI	NSE	RV	ATION	DIVISIO	NC	
I hamby cortify that the rules and regu	dations of the	Oil Cons	ervati	On		J,E J J.			JAN 14			
Division have been complied with and	i that the into	rmauon gi	ven a	bove		A	~~	•	PT NAC	JL		
is true and complete to the best of my	Chowleage s	THE OCITEL.			∥ Da	te Approve	ea -					
								NIPR	BY IEPDY	SEKTON		
Truolistalla					By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVIOR							
Signature Randy Bruno		Presi	dei	nt =)15 i El	GII.	and the property of the			
Printed Name				tle	Titl	le						
1/8/92	a	15 685	-n	113.——								
		- " " "	eleph	one No.	11							

- 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.

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HOREN STREET