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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 87504-2038

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Earl R. Bruno Co.  Address P. O. Box 590 Midland, Texas 79702    Change in P. O. Box 590 Midland, Texas 79702   Change in Transporter of Code and C	I.	TO T	TRANS	SPORT OIL	AND NA	TURAL GA		DI No	<del></del>			
P.O. Box 590 Midland, Texas 79702    State   Charge   Foreign Charge   Charge   Insurporter of   Other (Places explain)   New Well   Other (Places explain)   New Well   Other (Places explain)   New Well   Other (Places explain)   New York   Other   O	Operator Earl R. Bruno Co.					Well API No. 30.0				725-2351D		
Reaconfulton   Change in Transporter of   Change in Transporter of   Change in Transporter of   Change in Grant   Change in Transporter of   Change in Grant   Change in Condensate   Change in Grant   Change i		Midland, Te	exas	79702								
If changes of operator give same   Earl R, Bruno P, O, Box 590 Midland, "exas 79702	Reason(s) for Filing (Check proper box)  New Well  Recompletion	Chan Oil	ige in Tra	insporter of:	Ouh	er (Plecse expla	nin)					
II. DESCRIPTION OF WELL AND LEASE    Lease Name   Well No.   Pool Name, including Fromation   Well No.   Well	If change of operator give name	rl R Bruno	n P.	O. Box 59	0 Midla	nd, exas	79702					
Lease Name   Weil No.   Good Name, locksdring Formation   Weil No.   Good Name, locksdring From State (Rederal) or Fee   C C65437			<u> </u>	01 5011 45								
Line and   Selection   Selec	Lease Name	ing Formation Schuler Schaffer State Federal or Fee Lease No.  Lease No. Lease No. LC 063427										
Name of Authorized Transporter of Oil	)	: 198	E Fe		,,	مسر				Line		
Name of Authorized Transporter of Oil CLU CK   PY MOD OF O  SOLV   CK   PY MOD OF O  Name of Authorized Transporter of Casingheab Gas   or Dry Gas   Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casingheab Gas   or Dry Gas   Address (Give address to which approved copy of this form is to be sent)  If well produces oil or liquids,  If well produces oil or liquids,  If well produces oil or liquids,  If which produces oil or liquids,  If well produ	Section 3 Townshi	p 95	Ra	nge 3	7E, N	MPM,	Lea			County		
Name of Authorized Transporter of Casinghealt Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent)  If well produces oil or liquids,	III. DESIGNATION OF TRAN				RAL GAS	<del></del>				- 41		
If this production is comminged with that from any other lease or pool, give commingeling order number:    V. COMPLETION DATA	Name of Authorized Transporter of Oil or Condensate Scur ock Fermian Corp					14.0. Box 4648 Howston, TX. 77210						
Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Top Oil/Gas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPT I 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  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  GAS WELL  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas - MCF  Oil CONSERVATION DIVISION  Division have been compiled with and that the information given above	If well produces oil or liquids, give location of tanks.					y connected?	When	?				
Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Tubing Depth  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, stc.)  Casing Pressure  Casing Pressure  Choke Size  GAS WELL  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  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 compiled with and that the information gives above		from any other leas	se or pool	l, give comming	ing order num	ber:						
Date Spudded  Date Compl. Ready to Prod.  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Tubing Depth  Perforations  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPT-1 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.)  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Choke Size  GAS WELL  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas- MCF  Tubing Pressure (Shut-in)  Casing 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 complicit with and that information given above			Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Perforations  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPT I 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  CAS WELL  Actual Prod. Test - MCF/D  Length of Test  Bilis. Condensate/MHCF  Gravity of Condensate  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above					Total Depth			P.B.T.D.				
TUBING, CASING AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPT + 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  GAS WELL  GENTAL COMPLIANCE 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 compiled with and that the information given above	Elevations (DF, RKB, RT, GR, etc.)	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Pay	<del> </del>	Tubing Depth				
HOLE SIZE  CASING & TUBING SIZE  DEPT I SET  SACKS CEMENT	Perforations							Depth Casing Shoe				
HOLE SIZE  CASING & TUBING SIZE  DEPT I SET  SACKS CEMENT  DEFT I SET  SACKS CEMENT  S		TUBI	NG, CA	SING AND	CEMENTING RECORD							
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 fall 24 hours.)  Date First New Oil Run To Tank  Date of Test  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas-MCF  Gravity of Condensate  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Division have been complied with and that the information given above	HOLE SIZE							SACKS CEMENT				
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 fall 24 hours.)  Date First New Oil Run To Tank  Date of Test  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Gas-MCF  Gravity of Condensate  Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Division have been complied with and that the information given above												
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Date First New Oil Run To Tank  Date of Test  Producing Method (Flow, pump, gas lyft, 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	V. TEST DATA AND REQUES OIL WELL Test must be after re	ecovery of total vol	ume of lo	cad oil and must	be equal to or	exceed top allo	wable for this	depih or be j	for full 24 hour	·s.)		
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  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						Producing Method (Flow, pump, gas lift, etc.)						
GAS WELL  Actual Prod. Test - MCF/D  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	Length of Test	Tubing Pressure			Casing Pressure							
Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  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	Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
Actual Prod. Test - MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  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	GAS WELL	<u> </u>										
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I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above	Testing Method (pitot, back pr.)	Tubing Pressure	(Shut-in)		Casing Press	ire (Shut-in)		Choke Size				
is true and complete to the best of my knowledge and belief.  Date Approved	I hereby certify that the rules and regulations of the Oil Conservation				Date Approved							
Signature By Paul Raus	Signature Randy Bruno Prod. Mgr.				By Pail Kauci							
Printed Name Title Title	Printed Name 11/4/92	915,	/685-	0113	Title			<del></del>		<del></del>		
	Date		Telephor		Į]							

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.