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ppropriate District Office
| STRICT |
.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

ISTRICT II O. Drawer DD, Anesia, NM 88210	S	anta Fe	P.O. Boz New Mez	c 2088 cico 87504-2088						
STRICT III DOD Rio Biazos Rd., Aziec, NM 87410	==OUECT F	-OB AI	LOWARI	LE AND AUTHORIZA AND NATURAL GAS	ATION S Well API No.					
Decador Earl R. Bruno						, <u></u>				
Address P.O. Box 590 N	Midland, Tex	xas 79	702	Other (Please explain,)					
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		in Transp Dry G	28							
change of operator give name nd address of previous operator										
I. DESCRIPTION OF WELL A LEASE NAME SEPRR	AND LEASE Well N	o. Pool i	Name, Includin st Sawye	ng Formation er (San Andres)	Kind of State, F	Lease lederal of Fee	Lea	se No.		
Location Unit Letter 3	:(660	Feet I	From The	orth Line and 178	Fee	t From The <u>E</u>	ast_	Line		
Section 3,3 Township	p 9S	Rang	e 37E	, NMPM, Le	ā			County		
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL STATES AND OF CONDENSATE AND NATURAL SCUPLOCK/Permian Scurlock/Permian				P.O. Box 4648 Address (Give address to white P.O. Box 300 Is gas actually connected? Yes	nnected? When ?					
If this production is commingled with that	from any other lease	or pool, (give comming			Plug Back Sai	me Res'v	Diff Res'v		
IV. COMPLETION DATA	- (X) Oil V	Vell	Gas Well	New Well Workover	Deepen			Í		
Designate Type of Completion	Date Compl. Ready to Prod.			Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth Depth Casing Shoe		
Perforations						Depth Casing 3				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			CEMENTING RECORI	SACKS CEMENT					
V. TEST DATA AND REQUE OIL WELL (Test must be after	recovery of total vol.	WABL wme of loa	E id oil and mus	t be equal to or exceed top allo Producing Method (Flow, pu	wable for thi np, gas lift, e	s depth or be for	full 24 how	rs.)		
Date First New Oil Run To Tank Length of Test	Date of Test Tubing Pressure			Casing Pressure		Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.		Gas- MCF				
GAS WELL Actual Prod. Test - MCIVD	Length of Test			Bbls. Condensate/MMCP Casing Pressure (Shut-in)	Gravity of Condensate Choke Size					
Testing Method (pitot, back pr.)	Tubing Pressure									
VI. OPERATOR CERTIFIC I hereby certify that the rules and regular politision have been complied with and is true and complete to the best of my	ulations of the Office It that the information	n given ab	·· •	Date Approve	d		8			
Signature Randy Brino Production Mgr. Title				By ORIGINAL SIGNED & A 10 12 SZMYCH DETERMINED & A 10 12 SZMYCH						
Randy Bruno Printed Name 3/16/92	915	Tiil 685-(0113	Title			7			

3/16/92

Date

- 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
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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.