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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO	TRANS	SPORT OIL	AND NA	TURAL GA	S Well A	DI No			
Operator EARL R. BRUNO						Well A	ITI NO.			
Address P.O. BOX 590 MIDLA	ND, TEXA	S 7970	2							
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Ch Oil Casinghead G	`	nsporter of: / Gas ndensate	Oth	er (Please expla	in)				
	anta Fe	Energy	<u>Operatin</u>	g Partn	ers, L.P.					
II. DESCRIPTION OF WELL A Lease Name SFPRR	We	-II No. Poc	ol Name, Includi West Sayw	ng Formation Kind of State, I			f Lease No. Federal of Fee			
Location Unit LetterB	: 660 Feet From The North Line and 1780 Feet From The Eas							East	Line	
Section 33 Township	98	Ra	nge 37E	, N	мрм,	Lea			County	
Name of Authorized Transporter of Oil AND NATUI Mobil Pipeline Company Name of Authorized Transporter of Casinghead Gas Cities Service Linit Sec. Twp. Rge.				RAL GAS Address (Give address to which approved copy of this form is to be sent) P.O. BOX 900 Dallas, Texas 75221 Address (Give address to which approved copy of this form is to be sent) BOX 300 Tulsa, OK. 74102 Is gas actually connected? When?						
If well produces oil or liquids, give location of tanks.		3 j	9S 37E	Yes		i				
If this production is commingled with that f		oil Well	Gas Well	New Well	·	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)		i od.	Total Depth	L	<u></u>	P.B.T.D.	<u></u>	_l	
Date Spudded	Date Compl. Ready to Prod.			Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation							Depth Casing Shoe			
Perforations							12 pui Casii	Deput Casing Silve		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			CEMENTING RECORD DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES OIL WELL (Test must be after r.	T FOR AL	LOWAB	LE	he equal to o	r exceed top all	awable for thi	s depth or be	for full 24 hou	urs.)	
OIL WELL (Test must be after red) Date First New Oil Run To Tank	Date of Test	volume of t	oaa ou ana musi	Producing N	lethod (Flow, p	ump, gas lift, e	elc.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL Actual Prod. 'lest - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Press.	re (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.				OIL CONSERVATION DIVISION JAN 3 0 '92 Date Approved						
Signature Randy Bruno President				By Orig. Signed by, Paul Kautz						
Randy Bruno Printed Name 1/24/92	915	Ti 685-0	itle 113	Title)		leologist			
Date		Teleph	one No.							

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.