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.	7	TO TRA	NSF	ORT OIL	AND NA	TURAL G					
Operator Earl R. Bruno Co.								30-025-23616			
Address P.O. Box 590 Midland, Texas 79702											
Reason(s) for Filing (Check proper box) 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 79702											
II. DESCRIPTION OF WELL AND LEASE											
Lease Name SFPRR Well No. Pool Name, Include West Sawy						Andres		of Lease No. Federal or Fee Fee			
Unit Letter F: 1980 Feet From The North Line and 2180 Feet From The UCST Line											
Section 28 Township 9S Range 37E , NMPM, Lea County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil Y Or Condensate Address (Give address to which approved copy of this form is to be sent)											
Scurlock/ Permian Corp. Name of Authorized Transporter of Casinghead Gas X or Dry Gas						P.O. Box 4648 Houston, Tx. 77210 Address (Give address to which approved copy of this form is to be sent)					
Trident NGL, Inc.					10200 Grogan Mills Rd. Woodlands, Tx. 77380 Is gas actually connected? When?					_77380	
If well produces oil or liquids, give location of tanks.	Unit G	S∞. 33	Twp.	Rge. 37F	Yes	y compared i	, when	•			
If this production is commingled with that f				ive comming		ber:					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion					Total Depth	L	<u> </u>	P.B.T.D.	L	٠	
Date Spudded Date Compl. Ready to Prod.					·						
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe					
TUBING, CASING AND											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
							-				
								<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A.	LLOWA al volume o	BLE of load	oil and must	be equal to or	exceed top allo	owable for this	s depth or be	for full 24 how	rs.)	
Date First New Oil Run To Tank	ethod (Flow, pu	ımp, gas lift, e	ic.)								
Length of Test	Tubing Pressure				Casing Press	310		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 Condensale			
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 is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION JAN 2 1993 Date Approved						
Kander Bruno					Orig. Signed by Paul Kautz						
Signature Randy Bruno Prod. Mgr.					By_		Geologi				
Printed Name 11/4/92 915/685-0113 Telephone No.											
Date		Telep	phone l	No.]					in an artist of the same of	

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.