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.	T	O TRANS	SPORT OIL	AND NA	TURAL GA	NS Well	API No.		OK	
Operator Earl R. Bruno			1	30-025-23680						
Address P.O. Box 590 M	idland,	Texas 7	79702							
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Change in Operator Change in Operator Change in Operator Change in Operator										
If change of operator give name	1 R. Br	uno P.	0. Box 59	0 Midlar	nd, Texas	79702				
II. DESCRIPTION OF WELL		Well No. Po	ol Name, Includi	ng Formation			of Lease		ase No.	
Federal 22 1 West Sawyer San Undry State Frederica Non-050975H										
Unit Letter : (0(0) Feet From The South Line and 1980 Feet From The WEST Line										
Section QQ Township	95	Ra	nge <u>3</u> ′	1E , NI	MPM,	ea			County	
III. DESIGNATION OF TRANS	SPORTER	OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved to the Condensate or C							1/ 1/f) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? Whe						a 7			
If this production is commingled with that f		1/10/		ing order num	ber:					
IV. COMPLETION DATA			Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	· (X)	Oil Well	Gar Well	I Mem Mell	WOLKOVEI		l log zack			
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Forms	tion	Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casir	Depth Casing Shoe		
		JBING, CA	SING AND	CEMENTI	NG RECOR	D				
HOLE SIZE				DEPTH SET			SACKS CEMENT			
							<u> </u>	····		
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE	he equal to or	exceed top allo	wable for thi	s depth or be	for full 24 how	-s.)	
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 Pres	sure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
							1			
GAS WELL	Length of T	est		Bbls. Conder	sate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Lengui Oi 1									
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPLI	ANCE		OIL CON	ISERV	ATION	DIVISIO	N	
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.				Data Approved JAN 2 0 1000						
1) A				Date Approved						
Signature SRUNT				By BRANCT I SUPERVISOR						
Randy Bruno Prod. Mgr.				Title						
11/4/92		715/085- Telepho								

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.