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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TO	O TRANS	PORT OIL	TAN DNA	URAL GA	S	6151			
Operator Earl R. Bruno			Well A	Well API No. 30-025-23841						
Address D. O. Boy 500 Midland	Tevas	79702								
P.O. Box 590 Midland, Texas 79702 cason(s) for Filing (Check proper box) cw Well Change in Transporter of: completion Oil Dry Gas change in Operator Casinghead Gas Condensate										
f change of operator give name			erating P	artners	L.P.					
nd address of previous operator Same J. DESCRIPTION OF WELL A			•							
Lease Name Federal 27							Lease No. Federal or Fee NM-2390			
Location Unit LetterD	:660	Fee	t From The	Northine	and66	0 Fee	et From The	West	Line	
Section 27 Township	95	Ran	ige 37E	, NI	MPM, L	ea			County	
lf well produces on or riquids, prive location of tanks. D 27 9S 37E					P.O. box 1188, Houston, Texas 77251-1188 Address (Give address to which approved copy of this form is to be sent) P.O. box 50250, Midland, Texas 79710 Is gas actually connected? When? Yes					
If this production is commingled with that fi	om any othe	r lease or pool	, give commingl	ing order num	ber:					
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion - (X) Date Compl. Ready to Prod.				Total Depth	<u></u>	l	P.B.T.D.		1	
Date Spaces				Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation										
Perforations							Depth Casing	Depth Casing Shoe		
	T	UBING, CA	ASING AND	CEMENTI	NG RECOR	D	·		-11-	
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE			11.6-4	in whenth on he fo	r full 24 hou	rt l	
OIL WELL (Test must be after re	covery of to	tal volume of t	oad oil and mus	Producing N	r exceed top all lethod (Flow, p	ump, gas lift,	etc.)	7 7411 24 1104		
Date First New Oil Run To Tank	Date of Tes						Choke Size			
Length of Test	Tubing Pressure			Casing Pressure						
Actual Prod. During Test	Oil - Bbls.	-		Water - Bbis.			Gas- MCF			
GAS WELL				Table Conde	ensate/MMCF		Gravity of Co	ondensate		
Actual Prod. Test - MCF/D	Length of	l'est					C L C	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Cloke 320		
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. Signature Randy Bruno Printed Name 1/8/92 915 685-0113				OIL CONSERVATION DIVISION JAN 1 4 '92 Date Approved By ORIGINAL SIGNED BY JERRY SEXTON BISTRICE I SUSSELVISOR Title						
1/8/92 Date	915	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
- 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.