Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

	HEUUESI	FURA	LLOWABI	LE AND AL	HORIZ	AHON				
	TOT	RANSP	ORT OIL	AND NATL	RAL GA	S Well A	PI No.			
EARL R. BRUNO										
Idress										
P.O. BOX 590 MIDLA	AND, TEXAS	79702		Other (Please expla	in)				
eason(s) for Filing (Check proper box)	Chang	ge in Transp	porter of:	<u>.</u>	•					
ew Well	Oil	Dry C	1 1							
ecompletion XX	Casinghead Gas	Cond	ensate							
hange of operator give name	Santa Fe Er	nergy	Operating	g Partner	s, L.P.					
d address of previous operator DESCRIPTION OF WELL						- T	<u> </u>	i e	ase No.	
ease Name	WEIL	No. Pool	Name, Includin	ng Formation er (San A	ndres)	State,	f Lease Federal of Fee			
SFPRR	1	+ w	est sayin	Ci (Guil II				Fact		
ocation J	. 1839	Feet	From The _S	outh Line a	nd212	71 Fe	et From The _	EdSt	Line	
Unit Letter	98	Rang	. 37E	, NMI	_{м.} Lea	ì			County	
Section 10whati	<u>p</u>		<u> </u>	<u></u>						
I. DESIGNATION OF TRAN	ISPORTER OF	F OIL A	ND NATUI	RAL GAS Address (Give a	ddress to wi	hich approved	copy of this fo	orm is to be se	nt)	
ame of Authorized Transporter of Oil				P.O. Box 900 Dallas, Texas 75221						
Mobil Pipeline Company The of Apple in the Company of Casinghead Gas or Dry Gas Or Dry Gas				Address (Give address to which approved copy of this form is to be sent)						
Cities Service This	ame of Authorized Transporter of Casinghead Gas or Dry Gas Cities Service Trulent Ngi Inc				Box 300 Tulsa, 0K. 74102					
well produces oil or liquids,	Unit Sec.	Twp), Rge. OS 37E	ls gas actually Yes	connected?	when	•			
ve location of tanks. this production is commingled with that	from any other lea				r:					
this production is comminged with that V. COMPLETION DATA					Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
		Well	Gas Well	New Well	M Olkovei			i	<u> </u>	
Designate Type of Completion	Date Compl. Re	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
•					Top Oil/Gas Pay			Tubing Depth		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation							Depth Casing Shoe			
Perforations							Depth Cash	ng Shoe	_	
	- TIN	INIC CA	SING AND	CEMENTIN	G RECO	RD	_!			
	CASING	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
HOLE SIZE		10 100								
							_			
				 						
V. TEST DATA AND REQUE	EST FOR ALL	OWABI	LE			11. fm 4	is denth or he	for full 24 ho	urs.)	
Y, TEST DATE HITE	final a		ad oil and mus	. 1	exceed lop at	llawanie ior ir		10, 10, 1		
711. WELL (Test must be after	recovery of total v	olume of ic		De equal to or	hod (Flaw	nump, eas lift,	elc.)			
OIL WELL (Test must be after	Date of Test	olume of ic		Producing Me	thod (Flow,)	ownp, gas lift,				
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	olume of to		Producing Me Casing Pressu	,	ownp, gas lift,	choke Size			
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test Tubing Pressure	olume of to		Casing Pressu	,	ownp, gas lift,		:		
OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test	Date of Test	olume of to		1 Journal of the second of the	,	ownp, gas lift,	Choke Size	:		
OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test	Date of Test Tubing Pressure	olume of to		Casing Pressu Water - Bbls.	re	ownp, gas lift,	Choke Size			
OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL	Date of Test Tubing Pressure Oil - Bbls.	e		Casing Pressu	re	ownp, gas lift,	Choke Size	:		
OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test	Date of Test Tubing Pressure Oil - Bbls.	e		Casing Pressu Water - Bbls. Bbls. Conden	sate/MMCF	ownp, gas lift,	Choke Size	Condensate		
OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL	Date of Test Tubing Pressure Oil - Bbls.	e		Casing Pressu Water - Bbls.	sate/MMCF	ownp, gas lift,	Choke Size	Condensate		
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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. with Rule 111.
- 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.