

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator EARL R. BRUNO Well API No.
Address P.O. BOX 590 MIDLAND, TEXAS 79702
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)
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 Santa Fe Energy Operating Partners, L.P.

II. DESCRIPTION OF WELL AND LEASE
Lease Name SFPRR Well No. 15 Pool Name, Including Formation West Saywer (San Andres) Kind of Lease State, Federal or Fee Lease No.
Location Unit Letter B : 800 Feet From The North Line and 2121 Feet From The East Line
Section 34 Township 9S Range 37E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS *See well*
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Mobil Pipeline Company Address (Give address to which approved copy of this form is to be sent) P.O. Box 900 Dallas, Texas 75221
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Cities Service Address (Give address to which approved copy of this form is to be sent) Box 300 Tulsa, OK 74102
If well produces oil or liquids, give location of tanks. Unit G Sec. 33 Twp. 9S Rge. 37E Is gas actually connected? Yes When ?

IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE
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 Pressure Casing Pressure 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 Condensate
Testing Method (pilot, 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.
Signature Randy Bruno President
Printed Name Randy Bruno Title
Date 1/24/92 Telephone No. 915 685-0113

OIL CONSERVATION DIVISION
Date Approved JAN 30 '92
By Paul Kautz Geologist
Title

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.