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

Operator Carl R. BRUNO Carl Resource Carl Resource Condensate Condensate Condensate Condensate Carl Resource Carl Resource Carl Resource Condensate Condensate Carl Resource Car	
EARL R. BRUNO Address P. O. BOX 590 MIDLAND, TEXAS 79702 Reason(1) for Filing (Check proper box) New Well O	
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Casinghead Gas Condensate Change in Operator W Casinghead Gas Condensate Change in Operator give name of address of previous operator Santa Fe Energy Operating Partners, L.P. 1. DESCRIPTION OF WELL AND LEASE Lease Name SFPR Well No. 19 Pool Name, including Formation West Saywer (San Andres) Well No. 19 West Saywer (San Andres) West Saywer (San Andres) West Saywer (San Andres) West Saywer (San Andres) Lease No. 27 Township 9S Range 37E NMPM, Lea Could be seen to the seen of	
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Mobil Pipeline Company Name of Authorized Transporter of Casinghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent) Box 300 Tulsa, 0K, 74102 Box 300 Tulsa, 0K, 74102 If well produces oil or liquids, give location of tanks. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion - (X) Date Compl. Ready to Prod. Date Compl. Ready to Prod. Date Compl. Ready to Prod. Top Oil/Gas Pay Tubing Depth Perforations TUBING, CASING AND CEMENTING RECORD Perforations 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.)	
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Date First New Oil Run 10 lank Date of less	
Length of Test Tubing Pressure Casing Pressure Choke Size	
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF	
GAS WELL Actual Prod. 'l'est - MCF/D Length of 'l'est Bbls. Condensate/MMCF Gravity of Condensate	
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	
Testing Method (phos, caco p. y	
VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION	
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. Date Approved JAN 30'92	
Orig. Signed by	_
Consture	
Randy bruno (Trestache	
Printed Name 1/24/92 915 685=0113 Telephone No.	
Date Telephone 140.	

- 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.

RECEIVED

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