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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

Operator	Earl R. Bruno	Well API No.	30-025-25403
Address	P.O. Box 590 Midland, Texas 79702		
Reason(s) for Filing (Check proper box)	<input type="checkbox"/> New Well <input type="checkbox"/> Completion <input type="checkbox"/> Change in Operator		
Change in Transporter of:	<input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate		
Change of operator give name and address of previous operator			

I. DESCRIPTION OF WELL AND LEASE		Kind of Lease State, Federal or Fee	Lease No.
Lease Name	Well No.	Pool Name, Including Formation	NM-2390
Federal 27	2	West Sawyer (San Andres)	
Location	Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line		
Section <u>27</u>	Township <u>9S</u>	Range <u>37E</u>	Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil	<input checked="" type="checkbox"/> or Condensate	Address (Give address to which approved copy of this form is to be sent)	
Scurlock/Permian Corp.		P.O. Box 4648 Houston, Texas 77210	
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	
Trident NGL, inc.		P.O. Box 300 Tulsa, OK. 74102	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>27</u>	Twp. <u>9S</u> Rge. <u>37E</u>
If this production is commingled with that from any other lease or pool, give commingling order number:	Is gas actually connected? <u>Yes</u> When ?		

V. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
<input checked="" type="checkbox"/>			
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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test	Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		

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 4/1/92 Telephone No. 915 685-0113

OIL CONSERVATION DIVISION

Date Approved APR 06 '92
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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.