

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

BRIGHT & COMPANY

Address

2911 TURTLE CREEK BLVD #700, DALLAS, TX 75219

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of: <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	Other (Please explain)
<input type="checkbox"/> Recompletion			
<input type="checkbox"/> Change in Ownership			

change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name STATE K	Well No. 3	Pool Name, including Formation LANE ABO	Kind of Lease State, Federal or Fee STATE	Lease No. V-2469
Location				
Unit Letter H	1930	Fees From The NORTH	Line and 660	Fees From The EAST
Line of Section 2	Township 10-S	Range 33-E	NMPM, LEA	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> SUN COMPANY, INC. Ref. & Marketing	Address (Give address to which approved copy of this form is to be sent) 907 S. DETROIT, TULSA, OK 74120
Name of Authorized Transporter of Casinghead Gas: <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Ref.	Address (Give address to which approved copy of this form is to be sent)
Well produces oil or liquids, or location of tanks.	Unit H
	Sec. 2
	Twp. 10-S
	Rge. 33-E
Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number: NO

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

W. J. Morris

W. J. MORRIS, AGENT

DECEMBER 20, 1991

(Date)

EFFECTIVE 1-1-92

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

V. 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

. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks	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

AS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Sealing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size