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Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240	District Office Energy, Minerals and Nat				Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
DISTRICT II P.O. Drawer DD, Artesia, NM 88210		P.O. B	ATION DIVISIO	ON	•
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			(exico 87504-2088		
I.			BLE AND AUTHOR L AND NATURAL G		
Operator				Well	APINO. D-D41-10025
Earl R. Bruno					
P.O. Box 590 Reason(s) for Filing (Check proper box)	Midland, Texas 7	9702	Other (Please exp	lain)	
New Well	Change in Trai	•			
Change in Operator		Gas 🗌			
If change of operator give name and address of previous operatorEat	rl R. Bruno P.(D. Box 59	0 Midland, Texa	<u>\$ 79702</u>	
II. DESCRIPTION OF WELL	AND LEASE				
Lease Name State 32-7-33 L		haveroo	San Andres		of Lease Lease No.)Federal or Fee $K = 2734$, $CI3$
Location Unit Letter	: <u>1980</u> Fee	t From The	lorth Line and	<u>180</u> F	set From The <u>EAST</u> Line
Section 32 Townshi	p 7S Rar	nge <u>33E</u>	, NMPM,	Rooseve	lt County
III. DESIGNATION OF TRAN	SPORTER OF OIL	AND NATU	RAL GAS		
Name of Authorized Transporter of Oil	or Condensate		Address (Give address to w P.O. Box 4648 1	-	copy of this form is to be sent) Texas 77210
Scurlock/Permian Corp. Name of Authorized Transporter of Casing		Dry Gas	Address (Give address to w	hich approved	copy of this form is to be sent)
Trident NGL, Inc.	Unit Sec. Twy		Is gas actually connected?	When	
give location of tanks. If this production is commingled with that	B 32 75		ling order number:	l	6-19-66
IV. COMPLETION DATA					
Designate Type of Completion	- (X)	Gas Well	New Well Workover	Deepen	Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Proc	1.	Total Depth		P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth
Perforations	<u></u>		J		Depth Casing Shoe
	TUBING, CA	SING AND	CEMENTING RECOR	2D	1
HOLE SIZE		CASING & TUBING SIZE		• 	SACKS CEMENT
					· · · · · · · · · · · · · · · · · · ·
				<u></u>	
V. TEST DATA AND REQUES	T FOR ALLOWABL	,E	<u> </u>		· · · · · · · · · · ·
OIL WELL (Test must be after r Date First New Oil Run To Tank	ecovery of total volume of loc Date of Test	ad oil and must	be equal to or exceed top all Producing Method (Flow, pr	owable for thi ump, gas lift, e	s depth or be for full 24 hours.)
Date First New Oil Rule To Talk	Date of Test		Casing Pressure		
Length of Test	Tubing Pressure	ibing Pressure			Choke Size
Actual Prod. During Test	Oil - Bbls.	Bbls.			Gas- MCF
GAS WELL	<u></u>		Bbls. Condensate/MMCF		
Actual Prod. Test - MCF/D	Length of Test	gth of Test			Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	ibing Pressure (Shut-in)			Choke Size
VI. OPERATOR CERTIFIC.			OILCON	SERV	ATION 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.			Data Approved JAN 20 1993		
Randy Bruno			Date Approve	u	
Signature			BY ORIGINAL SIGNED BY JERRY SEXTON		
Randy Bruno Printed Name 11/4/92	<u>Prod. M</u> Tide 915/685-0	š			r sr. v DUK
Date 11/4/92	Telephon			·	
أخالهم بمراهدا فالجري والأخذ فيستعال والمتحد والمراجع	2				والمراجع

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 Request for anowable for newly diffed or deepened well must be accompanied by tabilation of deviation tests taken in a with Rule 111.
All sections of this form must be filled out for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filled for each pool in multiply completed wells.