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Appropriate District Office
DISTRICT 1
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 II P.O. Drawer DD, Anesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

000 KIO BI2206 Ku., A200, 1411	REQUE	OTRANS	SPO	RT OIL	AND NATURAL GAS	S			<del></del>		
Otor	10 110000 0100 0100					Well A			1 No.		
Operator Earl R. Bruno						\					
Addrage			•								
P.O. Box 590 Midlar	id, Texa	as 7970	2		Other (Please explain	)					
Reason(s) for Filing (Check proper box)		Change in Tr	anenod	er of:	Guint (s see )						
New Well	Oil	Change in 11									
Recompletion											
Change in Operator	Casinghead		ondens								
If change of operator give name and address of previous operator					· · · · · · · · · · · · · · · · · · ·						
II. DESCRIPTION OF WELL A	AND LEA	SE				Kind o	of Lease	Le	ase No.		
Lease Name					Ig Formation	Federal or Fee					
State 32-7-33 Unit		3	Ch	averoo	(San Andres)		-				
Location	ıc	180 <u>r</u>		. S	outh Line and Col	-() Fe	et From The _	tast	Line		
Unit Letter	- :	10C/ P	eet Fr	om The 🗠							
Section 32 Township	, 7S	P	Range_	331	, nmpm, Ro	osevel	<u>t</u>		County		
					n . c . s						
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AN	D NATU	RAL GAS Address (Give address to whi	ch approved	copy of this fo	orm is to be se	ni)		
Name of Authorized Transporter of Oil XX											
Scurlock/Permian	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casinghead Gas AA Or Diy Gas					P.O. Box 300 Tulsa, OK. 74102						
Trident NGL, Inc.					Is gas actually connected? When?						
If well produces oil or liquids, give location of tanks.	i R I	32_1	<b>7S</b>	1 33E	Yes			ww			
If this production is commingled with that	from any oth	er lease or po	ool, giv	e comming	ing order number:						
IV. COMPLETION DATA					New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
	(Y)	Oil Well	(	Gas Well	I New Men L'HONDAN		i	İ	1		
Designate Type of Completion	- (A)	ol Ready to	 Prod.		Total Depth		P.B.T.D.				
Date Spudded	Date Compl. Ready to Prod.										
Elevations (DF, RKB, RT, GR, etc.)	REPUBLIC OF Producing Formation				Top Oil/Gas Pay	Tubing Dep	Tubing Depth				
Elevations (DF, AAB, AT, GA, Elev					Depth C			asing Shoe			
Perforations	<u>-1</u>						1				
			G + 07	VIC AND	CEMENTING RECOR	D					
		TUBING, C	CASI	NG AND	CEMENTING RECORD	DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE										
	-										
							_				
	-						_l				
V. TEST DATA AND REQUES	ST FOR A	ALLOWA	BLE			wahle for th	is depth or be	for full 24 hou	urs.)		
OIL WELL (Test must be after)	recovery of lo	olal volume o	f load	oil and mus	be equal to or exceed top allo Producing Method (Flow, pu	mp, gas lift,	etc.)	<u> </u>			
Date First New Oil Run To Tank	Date of Test				Floring Means to 12						
	- D-	Tubing Pressure Oil - Bbls.			Casing Pressure	Choke Size					
Length of Test	Tubing Pro						Gas- MCF				
During Test	Oil - Bbls				Water - Bbls.	Geo- IIIO					
Actual Prod. During Test							_l				
CACAMET I							1 Centra of	Condensale			
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF	Gravity of Condensate					
Actual Floor Test - Mosto		i			Casing Pressure (Shut-in)	Cooling Prossure (Shut-in)		Choke Size			
l'esting Method (pitot, back pr.)	(pitot, back pr.) Tubing Pressure (Shut-in)				Cabing treasure (crime in)						
					-			D. !! C. !	211		
VI. OPERATOR CERTIFIC	CATE OF	F COMP	LΙΑΙ	NCE	OIL CON	1SERV	'ATION	DIVISIO	אנ		
I hereby certify that the interest and regulations of the property of the prop					Date ApprovedMAR 23						
is true and complete to the sets of the	)				Date : .pp. 510						
the wall the wall					By ORIGINAL SIGNED BY JERRY SEXTON						
Signature Pandy Bruno Production Mgr.					DISTRICT I SUPERVISOR						
- Randy Bruno.	P	roducti	Title	191 •	Title						
Printed Name	Q1	5 685-0	113		11110						
3/16/92 Date		Tele	phone	No.							

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
- 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.