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

I.	T	O TRANS	SPORT OIL	AND NA	TURAL GA	<u>S</u>	- BI KI			
Operator Earl R. Brund			Well	30-0°	41-10	231				
Address P.O. Box 590	Midland,	Texas	79702							
Reason(s) for Filing (Check proper box, New Well Recompletion Change in Operator		Change in Tra	nsporter of: y Gas	<u> </u>	er (Please expla					
If change of operator give name and address of previous operator	arl R. Br	uno P.	0. Box 59	<u>O Midlar</u>	<u>id, Texas</u>	79702				
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Includi Lauck Federa] 4 Chayeroo (ng Formation Kind San Andres) State			of Lease No. Federal or Fee 29-554778		
Unit Letter0	. 660	Fe	et From The SOI	uthLin	and 1980	Fe	et From The E	ast	Line	
Section 29 Towns	hip 7S	Ra	nge 331	E , N	мрм, Roose	evelt			County	
III. DESIGNATION OF TRA	NSPORTER	OF OIL	AND NATU	RAL GAS		isk sammaned	come of this for	m is to be to	ent)	
Name of Authorized Transporter of Oil Scurlock/Permian Name of Authorized Transporter of Casinghead Gas XX or Condensate OT Condensate					Address (Give address to which approved copy of this form is to be sent) P. O. Box 4648, Houston, Texas 77210 Address (Give address to which approved copy of this form is to be sent)					
Trident NGL, Inc.					P. O. Box 300, Tulsa, OK. 74210					
well produces oil or liquids, Unit Sec. Twp. Rgs				Is gas actually connected? When ?						
If this production is commingled with th					ber:	<u> </u>				
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dist Res'v	
Designate Type of Completion	Ĺ	<u> </u>	Total Depth	<u>[</u>		P.B.T.D.				
Date Spudded Date Compl. Ready to Prod.			x 1 .				F.B.1.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Forma	ntion	Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing	Shoe		
TUBING, CASING AND							SACKS CEMENT			
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKO GEMENT		
			<u></u>							
V. TEST DATA AND REQUI	EST FOR A	LLOWAB	LE oad oil and must	be equal to or	exceed top allo	wable for thi	s depth or be fo	r full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow, pu	mp, gas lift, e	etc.)			
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF		
GAS WELL			·····							
Actual Prod. Test - MCF/D					Bbis. Condensate/MMCF			Gravity of Condensale		
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFI I hereby certify that the rules and rep Division have been complied with a is true and complete to the best of m	gulations of the Cond that the inform	Dil Conservation given a	on		OIL CON		ATION E		ON ? 7 1993	
KandifBumo				Orig. Signed by Paul Kautz Geologist						
Signature Randy Bruno		Prod.			. •			•		
Printed Name 1/21/93	9	715/685-	0113	Title						
Date		Telepho	rde Ivo.	H						

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.