mlt 5 Copies nopriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department					Form C-104 Revised 1-1-89 See Instructions at Bottom of Page		
TRICE 1 5. Dox 1980, Hobbs, NM 88240	OIL CON	SERVAT	ION DI	VISION				
TRICT.II D. Drawer DD, Anesia, NM 88210	Santa	P.O. Box Fe, New Mexi	2088 co 87504-	2088				
STRICT III X) Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR	ALLOWABLE PORT OIL A	E AND AL	JTHORIZA JRAL GAS	TION	No.		
ralor	10 110 11				Well All			
Earl R. Bruno						_		
P.O. Box 590 Midla	and, Texas 7970	2	Other	(Please explain,)			
eason(s) for Filing (Check proper box) ew Well	Change in Tra Oil X Dr	nsporter of: y Gas ndensate				· · · · · · · · · · · · · · · · · · ·		
hange in Operator	Casinghead Gas Co							
change of operator give name d address of previous operator							Lease No.	
DESCRIPTION OF WELL	LAND LEASE Well No. Pool Name, Including Formation 4 Chaveroo (San Andre					ederal for Fee	29-554778	
ocation O	: <u>660</u> F	eet From The SOI	<u>ith</u> Line			t From The	County	
Section 29 Townshi	p / 0	ange 33E			evelt			
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to w Name of Authorized Transporter of Oil XX or Condensate Address (Give address to w Scurlock/Permian Or Dry Gas Address (Give address to w					- Uoucto	n lexas	11610	
Scurlock/Permian Name of Authorized Transporter of Casin	ighead Gas [XX] o	r Dry Gas	Address (Giv	e address to wh BOX 300	ich approvea	OK. 7410		
Trident NGL, Inc.		wp. Rge.	Is gas actuall	y connected?	When	?		
f well produces oil or liquids,	D 20	75 I 33E	NO					
t this emduction is commingled with that	from any other lease or po	ol, give commingin	ng order ham			Plug Back S	ame Res'v Diff Res'v	
V. COMPLETION DATA	Oil Well	Gas Well	New Well	Workover	Deepen	l.		
Designate Type of Completion	Date Compl. Ready to I	Total Depth			P.B.T.D. Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing For	Top Oil/Gas Pay			Depth Casing Slice			
Perforations						<u> </u>		
	TUBING,	CEMENT	CEMENTING RECORD DEPTH SET		S/	CKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE							
						-		
					· · · · · · · · · · · · · · · · · · ·			
V. TEST DATA AND REQUI	EST FOR ALLOWA	BLE of load oil and must	be equal to a	r exceed top all Aethod (Flow, p	owable for the ump, gas lift,	is depth or be fo etc.)	r full 24 hours.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test					Choke Size		
Length of Test	Tubing Pressure	Casing Pressure			Gas-MCF			
Actual Prod. During Test	Oil - Bbls.	Water - Bbl	Vater - Bbls.					
GAS WELL	Length of Test		Ible. Cond	ensate/MMCP		Gravity of C	ondensale	
Actual Prod. Test - MCF/D	Tubing Pressure (Shut	Casing Pres	saire (Shut-in)		Choke Size			
l'osting Method (pitot, back pr.) VI. OPERATOR CERTIFI		-	OIL CONSERVATION DIVISION					
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	guiations of the information giv	vation en above	Da			MAR 2		
Is the site configure that the site of the				By ORIGINAL SIGNED BY JERRY SEXTION				
Signatur Randy Bruno	Product							
Printed Name <u>3/16/92</u> Date	9 <u>15_685-0</u> Tel			0				
INSTRUCTIONS: This f 1) Request for allowable f								

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with Kule 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 filled for each pool in multiply completed wells.