State of New Mexico State of New Mexico Energy, Minerals and Natural Resources Department DISTRICT.I P.O. Box 1980, Hobbs, NM 88240 DISTRICT.II P.O. Box 1980, Hobbs, NM 88240 DISTRICT.II P.O. Dox 2088 Santa Fe, New Mexico 87504-2088 DISTRICT.III 1000 Rio Brazos Rd, Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Operator Earl R. Bruno							Form C-104 Review 1-1-89 See Instructions at Bottom of Page		
Address P. O. Drawer 590 Reason(s) for Filing (Chrck proper bor) New Well Recompletion Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL Lease Name	Change in Tra Oil Dry Casinghead Gas Cor Ol Resources Co AND LEASE Well No. Poo	nsponter of: (Gas [.] indensate [.] orp. 665 ol Name, Includi	5 S. Lew		200 T	ulsa, OK	Le	ase No.	
	: 660 Fee	naveroo (et From The <u>S</u> nge <u>33–E</u>	outh Lins	and <u>198</u>	0 Fe	et From The		54778 Line Line	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil Mobil Pipeline Name of Authorized Transporter of Casing Trident NGL, Inc. If well produces oil or liquids, give location of tanks. If this production is commingled with that if IV. COMPLETION DATA	X or Condensate chead Gas [X] Unit Sec. P 29	[])1y Gas [] /. Rge. S. _33E	Address (Give P. O. B Address (Give Box 300 Is gas actually No	ox 2080 address to wh Tulsa, connected?	Dallas hich approved		221-2080)	
	Designate Type of Completion - (X)		New Well Total Depth	Workover	Deepen	Plug Back Same P.c.))iff Res'v	
Elevations (DF, RKA, RT, GR, etc.) Perforations	Name of Producing Forma	Top Oil/Gas Pay			Tubing Depth Depth Casing Shoe				
V. TEST DATA AND REQUES OIL WELL (Test must be after to	CASING & TUBIN	CEMENTING RECORD DEPTH SET			SACKS CEMENT				
Date First New Oil Run To Tank	Late of Test Tubing Pressure	Preducing Method (Flow, promp, gas lift, et Casing Pressure							
Actual Prod. During Test	Qil - Bbls.	Water - Bbls.			Gai- MCF				
GAS WELL Actual Fred. Test - MCI//D	Length of Tost		Lible, Condensate/l-IMCl ²			Gravity of Condensate			
Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and t is true and complete to the best of up k Signature ALDAR BU Frinted Name 12/16/91	tions of the Oil Conservation hat the information given at	n xvc LionMyp. 3	C	· 	d b	ATION D		N	

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.

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