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., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I]	OTRAN	SPORT OIL	L AND NATURAL GA		4 DI NI-		
Operator Earl R. Bruno		Well	Well API No. 30-041-10436					
Address P.O. Box 590 I	Midland.	Texas	79702					
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		Change in Tra	insporter of:	Other (Please expla	nin)			
If change of operator give name			0 Box 59	00 Midland, Texas	79702			
and desired of provides of the second			0. DOX 0.	70 Marana, Texas	73702			· · · · · · · · · · · · · · · · · · ·
II. DESCRIPTION OF WELL Lease Name		SE Well No. Po	ol Name, Includ			Kind of Lease Lease No. State Federal or Fee 29-554778		
Location								
Unit Letter E: 1980 Feet From The North Line and 660 Feet From The West Line								
Section 29 Township 7S Range 33F , NMPM, ROOSevelt County								
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Or Condensate Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Oil Scurlock/Permia	P.O. Box 4648, Houston, Texas 77210							
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Trident NGL, Inc.				P.O. Box 300, Tulsa, OK 74102				
If well produces oil or liquids, Unit Sec. Twp. give location of tanks. P 29 75				Is gas actually connected?	When	?		
If this production is commingled with that				./	L			
IV. COMPLETION DATA		Oil Well	Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion				2015 1		i		<u>i</u>
Date Spudded Date Compl. Ready to Prod.				Total Depth P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay	Tubing Depth			
Perforations				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET	SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE			<u>. </u>		
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		oad oil and must	be equal to or exceed top allo Producing Method (Flow, pur			or full 24 hour	<u>s.)</u>
				Casing Pressure	Choke Size			
Length of Test	Tubing Pressure							
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.	Gas- MCF			
GAS WELL					· · · · · · · · · · · · · · · · · · ·			
Actual Prod. Test - MCF/D	Length of To	est		Bbls. Condensate/MMCF		Gravity of Condensate		
Testing Method (pilot, back pr.)	Tubing Press	sure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFIC				OIL CON	SERV	TION I	OIVISIO)N
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.				IAN 27 1993				
1/ 1 R				Date Approved JAN & ROO				
Signature Suill C				By Paul Kautz Geologist				
Randy Bruno Prod. Mgr. Printed Name 1/25/93 915/685-0113				Title	2	*.		
1/25/93	9	Telephor						

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.