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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, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TO TRA	NS	PORT	OIL A	ND NA	TURAL	SAE						
Operator	C -								Well A	.pi no. 30-04	11- 2C	3nG	NK	
Earl R. Bruno	Co.								1	JU 09	11-00	301		
P.O. Box 590 N	Midland	, Texas	s 7	9702										
Reason(s) for Filing (Check proper box)		G	T			On	ner (Please ex)	plain)						
Recompletion	Oil	Change in	Dry (
Change in Operator	Casinghea	id Gas 🔲	•	den sate	<u> </u>									
If change of operator give name and address of previous operator Ear	^] R. B	runo	P.0	. Box	590	Midla	nd, Texa	as 79	9702					
II. DESCRIPTION OF WELL	AND LE	ASE												
Lease Name	se Name Well No. Pool Name, Include										nd of Lease Lease No.			
Chaveroo San Andres						San Andres Stat				, Federal of Fee) Fee.				
Location (Tract 8) Unit LetterK	_ :	1980_	Feet	From The	Sou	H Li	se and	<u>1980</u>	Fee	et From The	Wes-		_Line	
Section 35 Township	<u>, 7.</u>	5	Rang	ge	<u>32</u>	E,N	мрм, ј	(005	eve [t			Cou	nty	
III. DESIGNATION OF TRAN	SPORTE	R OF O	Τ. Δ	ND NAT	TIRA	L GAS								
Name of Authorized Transporter of Oil	V77 /	or Conden			A	idress (Gi	ve address to						11100	
Phillips Petroleum Co. & Trucks						4401			14. Bartlesulle, OK 1440					
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)							180	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	. R	ge. Is		ly connected?		When	7				
If this production is commingled with that t	from any oth	er lease or j	pool, į	give comm	ingling	order num	ber:							
IV. COMPLETION DATA		Oil Well		Gas Well	1	New Well	Workover	D	eepen	Plug Back	Same Res'v	nid v	les'v	
Designate Type of Completion		x)					İ							
Date Spudded	Date Comp	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 Shoc				
		TIPDIG	<u> </u>	TATO AN	T) CE	ACAITT	NG PECO	DD.						
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT				
THOSE ORE														
							 _							
V. TEST DATA AND REQUES	T FOR A	LLOWA	BL	E							C- 6.11.24 h			
OIL WELL (Test must be after re Date First New Oil Run To Tank	Pro	t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)												
Date First New Oil Run 10 1ank	Date of Tes	д												
Length of Test	Tubing Pressure				Ca	Casing Pressure				Choke Size				
Actual Prod. During Test	Oil - Bbls.					Water - Bbis.				Gas- MCF				
CACTELL	<u></u>													
GAS WELL Actual Prod. Test - MCF/D	Length of	l'est			Вь	ls. Conde	nsate/MMCF			Gravity of C	Condensate			
						Casing Pressure (Shut-in)			Choke Size					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Stim-in)			J					
VI. OPERATOR CERTIFIC						(OIL CO	NSE	ERVA	TION	DIVISI	ON		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						3M 20 100								
is true and complete to the best of my	mowledge ar	ad belief.				Date	Approv	ed _		<u> </u>	U Marin			
Thomas Buno														
Signature						By ORIGINAL SIBNED BY JERRY SEXTON BIGTRICT I SUPERVISOR								
Randy Bruno		Prod	M Tille	-	-	77:11~				15. 2 00 A 12.0 k				
Printed Name 11/4/92		915/68	5-0	113	-	Title								
5.		Tele	nhone	No.	- 11									

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.