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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Well API No. 30-041-20453

Operator
Earl R. Bruno

Address
P.O. Box 590 Midland, Texas 79702

Other (Please explain) ☐

Reason(s) for Filing (Check proper box)

		Change in Transporter of:	
New Well ☐		Oil ☐	Dry Gas ☐
Recompletion ☐		Casinghead Gas ☐	Condensate ☐
Change in Operator ☒			

If change of operator give name
and address of previous operator   **El Ran, Inc., P.O. Box 911, Lubbock, Texas 79408**

II. DESCRIPTION OF WELL AND LEASE   *Chaveroo*

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Chaveroo San Andres Unit	2	San Andres	Fee ☒	Fee

Location   **(Tract 3)**

Unit Letter **O** : **660** Feet From The **SL** Line and **1980** Feet From The **EL** Line

Section **34**   Township **7 South**   Range **32 East** , NMPM, **Roosevelt** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐   Address (Give address to which approved copy of this form is to be sent)
Phillips 66 Company *Trucks*   **9C1 Adams Building, Bartlesville, OK 74004**

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐   Address (Give address to which approved copy of this form is to be sent)
Trident NGL, Inc.   **Attn: Plant Accounting, RM 456
10200 Grogan's Mill Road, The Woodlands, TX 77380**

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv	Diff Resv
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 REQUEST FOR ALLOWABLE

OIL WELL   (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

By: *Randy Bruno*

Signature **Randy Bruno**   **President**

Printed Name   Title
August 31, 1992   **915/685-0113**
Date   Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____ **SEP 08 '92** _____

By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

Title _____

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.