Submit 5 Cepies A. propriate District Office DISTRICT I P.O. Hox 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

DISTRICE II P.O. Diawer DD, Artesia, BM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088								
DISTRICT III 1000 Rig Hiazos Rd., Aziec, NM 87410	REQUEST FO	OR ALLOWA	BLE AND A	AUTHORIZ	ZATION				
I.	AFT OT	NSPORT OF	L VND NV.	TURAL GA	NS .	EI E1			
Operator Earl R. Bruno		an agreement annihilation of section and section of section and			Weil A	P1 No.			
Address P. O. Drawer 590 43 Reason(s) for Fising (Check proper box)	ldland, TX 79	702	Oth	cr (Please expla	in)				
New Well		Transporter of:							
Recompletion L. Change in Operator X	Cashigherd Gas	Condensate	CUE C Lo		200	ľulsa, (OK 7413		
	stol Resources	s corp. of	000 04 116	WIN DLE	. 200	raroas	711-1-1-1-1		
II. DESCRIPTION OF WELL Lease Name	AND LEASE Well No.	ing Formation	ng Formation Kind			X Lease Lease No.			
State 5-8-33	2 Chaveroo (San Andres)			lres)	State, Federal or Fee NM-5144				
Unit LetterA	: 660	Feet From The _				et From The	East	Line	
Section 5 Townshi	p 8-S	Range 33-E	, N	MPM, CI	naves		, 	County	
III. DESIGNATION OF TRAN	(' 1		JRAL GAS	ve address to wh	ich approved	copy of this f	orm is to be se	nt)	
Name of Authorized Transporter of Oil Mobil Pipeline	[X] or Conden	(sate	P. O.	Box 2080	Dalla	s, TX	75221-20	80	
Name of Authorized Transporter of Casin Trident NGL, Inc.	ghead Gas [X] or Dry Gas [] Address (Give address to P. O. Box 30								
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge	. Is gas actuall		When 6-	1 -17 - 66			
If this production is commingled with that IV. COMPLETION DATA								- Loren I	
Designate Type of Completion	- (X)	Gas Well	i	Workover	Deepen	Plug Back	Saine Res'v	Diff Res'v	
Date Spailded	Date Compl. Ready to	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, REB, RT, GR, etc.)	Name of Producing Fo	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Perforations	,	1				Depth Casin	g Siroe		
	TUBING,	CASING AND	CEMENTI	NG RECOR	D	T			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
	-								
	-								
V. TEST DATA AND REQUE	ST FOR ALLOWA	ABLE	N I						
OIL WELL (lest must be after t	recovery of total volume	of load oil and mu	st be equal to of	r exceed top allo	owable for this	i depth or be ; tc.)	for Juli 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		Casing Pressure			Choke Size			
Length of Test	Tubing Pressure		Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.	Water - Dois	Water - Doils.						
GAS WELL					· · · · · · · · · · · · · · · · · · ·	125	**************************************		
Actual Prod. Test - MCI/D	Length of Test	Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut	Casing Pressure (Shut-in)			Choke Size				
VI, OPERATOR CERTIFIC				OIL CON	ISERV	ATION	DIVISIO	N	
I hereby certify that the rules and regu Division have been complied with and	that the information give	vation en above	11						
is true and complete to the best of my	knowledge and Delici.		Dale	a Approve	d	<u> </u>	1344		
Significant Signif		M 4 0:	By_			 	্যু সুকুল		
Printed Name	O 1200	CINE UP	Title	· }		> [1.48	5. 1 9 1,4 18	. <u> </u>	

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.

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4) Separate Form C-104 must be filed for each pool in multiply completed wells.