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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	O TRAN	SPORT	OIL	AND NA	TURAL G	AS				
Operator	_			Well	APINO. D-005-10451						
Earl R. Bruno			1.3	0-005	-1095	<u> </u>					
P.O. Box 590 M	lidland,	Texas	79702								
Reason(s) for Filing (Check proper box)					On	ner (Please expl	ain)				
New Well		Change in Tr	- 1	7							
Recompletion	Oil Casinghead		ry Gas U ondensate	╡							
			<u>`</u>	=	Midlan	d Towns	70702				
and address of previous operatorEdf			O DOX	390	<u> wranana</u>	d, Texas	19702				
II. DESCRIPTION OF WELL	ng Formation Kind			of Lease No.							
Lease Name State 6	Well No. Pool Name, Include State 6 2 Chaveroo								Federal or Fee K-2779		
Location			<u> </u>				10		west		
Unit Letter : 100 Feet From the MUTTI Libe and 000 Feet From the 1000											
Section 6 Township 8S Range 33E , NMPM, Chaves County											
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NA	TU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of Int.) 77.210											
Scurlock/Permian Corp. Name of Authorized Transporter of Casinghead Gas						Address (Give address to which approved copy of this form is to be sent)					
Trident NGL, Inc.					10200 Grogan Mills Rd. Woodlands, Tx. 77380					77380	
If well produces oil or liquids, give location of tanks.	Unit 5	Sec. Twp. I			Is gas actually connected? Whe			2-8-67			
If this production is commingled with that f	1 1 1				L	<u> </u>		<u>~~~~</u>	ć. I		
IV. COMPLETION DATA							·		<u> </u>	- big notice	
Designate Type of Completion -		Oil Well	Gas Wel	11 1	New Well	Workover	Deepen	Plug Back	Same Resv	Din Res'v	
Date Spidded Date Completion - (X)			J	\dashv	Total Depth	L	l	P.B.T.D.		_1	
Date Spicoles					7 - NIO N-						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casin	g Shoe		
		IDING C	A SING AT	<u> </u>	CEMENTI	NG RECOR	D	1			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE OLE		0/10/11/0									
								-			
V. TEST DATA AND REQUES	T FOR AI	LOWAB	LE	1							
OIL WELL (Test must be after re	covery of tota	I volume of l	oad oil and r	nust l	be equal to or	exceed top allo	owable for this	depth or be f	or full 24 how	5.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	of Test Tubing Pressure			$\neg \uparrow$	Casing Press	ire		Choke Size			
					Water - Bbls			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Doir							
GAS WELL	<u> </u>										
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
					Casing Pressure (Shut-in)			Choke Size			
Testing Method (puot, back pr.) Tubing Pressure (Shut-in)											
VI. OPERATOR CERTIFICA	ATE OF	COMPLI	ANCE		,	OIL CON	ICEDVA	TION I	טואואור	M	
I hereby certify that the rules and regulations of the Oil Conservation										1 4	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	Approve	d .1	AN 201	००२		
Do all Day of					Date Approved						
KUNCU BKUNG					By_	ONGINAL	SISNED B TRECT I SU	PERVISOR			
Signature Randy Bruno Prod. Mgr.						***	11 m ar 1 1 m m		-1		
Printed Name 11/4/92	9	Ti -15/685	0113		Title	SEATON P. T. C.		<u></u>			
Date		Telepho						Annual Control	of the legislands	e se that can the te	

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.