	State of Ne Energy, Minerals and Natur OIL CONSERVA' P.O. Bo Santa Fe, New Me REQUEST FOR ALLOWAD TO THANSPORT OIL	TAL Resources Department TION DIVISION x 2088 xico 87504-2088 LE AND AUTHORIZATION AND NATURAL GAS	Form C-104 Revised 1-1-89 Sce Instructions at Bottom of Page
Earl R. Bruno Address P. O. Drawer 590 Mi Reason(s) for Filing (Check proper box) New Well Recompletion [] Change in Operator [] If change of operator give name and address of previous operator Bris II. DESCRIPTION OF WELL A Lease Name	Well No. Pool Name, Includir	g Formation Kin	Tulsa, OK 74136 Lof Lease No. Federal or Fee K-2779
State       0         Location       Isocation         Unit Latter       E         1980       Feet From The North         Unit Latter       E         Section       6         Township       8-S         Range       33-E         NMFM,       Chaves         County         HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Unit automical Transputer of Oil         Taus of Automical Transputer of Oil         Taus of Automical Transputer of Oil			
Mobil Pipeline Mane of Authorized Transporter of Casing Trident NGL, Luc. If well produces oil or liquids, give location of tanks.	LX L	Is gas actually councided? Wh Yes	ed copy of this form is to be sent) a. OK 74102 2-8-67
Designate Type of Completion Date Spudded Elevations (DF, R&B, RT, GR, etc.) Perforations	- (X) Oil Well Gas Well Date Compl. Ready to Field. Name of Producing Formation	New Well Workover Deepen Total Depth 'Top Oil/Gas Pay	Plug Back, Same Res'v Diff Res'v P.B.T.D. Tubing Depth Depth Casing Shoe
		DEPTHSET	SACKS CEMENT
V. TEST DATA AND REQUES OHL WELL (Test must be after r Date First New Oil Run To Tank Length of Test Actual Frod. During Test	ST FOR ALLOW ABLE ecovery of total volume of load oil and must Date of Test Tubing Pressure Oit - Bbls.	be equal to or exceed top allowable for Producing Method (Flow, pump, gas ly Casing Pressure Water - Bbls.	this depth or be for full 24 hours.) i, etc.) Choke Size Uas-MCF
GAS WELL Actual Frod Test - MCF/D Testing Method (pitot, back pr.)	Length of Test Tubing Pressure (Shut-in)	BBIS. Condensate AIMCF Casing Pressure (Shut-ta)	Gravity of Condensate Choke Size
VI. OPERATOR CERTIFIC Literchy certify that the roles and regul Division have been complied with and is true and complete to the best of my Signature ANDY BRUM Printed Name 12/16/91 Date	lations of the Oil Conservation that the information given above knowledge and belief. DPPOI: Mon 10 PIS-68 50113 Tetephone No.	Date Approved By 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.