L Submit 5 Conies Appropriate District Office DISTRICI'I P.O. Box 1980, Hobbs, NM 88240

DISTRICT_II P.O. Drawer DD, Antesia, NM1 88210

OIL CONSERVATION DIVISION P.O. Box 2088

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Santa Fe, New Mexico 87504-2088

State of New Mexico

Energy, Minerals and Natural Resources Department

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

I. Operator	<u></u> -	10 11/					Well	API No.			
'Earl R. Bruno											
Address P. O. Drawer 590 Mid	land. T	x 797	02	·							
Reason(s) for Filing (Chick proper box)					Otin	r (Please expl	lain)				
New Well		Change in	Trans	porter of:							
Recompletion	Gil		Dry C	Gas [_]							
Change in Operator X	Casinghea			ensate				<u> </u>			
If change of operator give name and address of previous operator Bri	<u>stol Re</u>	source	s Co	orporati	on 6655	S. Lew	is, Ste	<u>. 200 Tu</u>	<u>1sa, OK</u>	74136	
II. DESCRIPTION OF WELL AND LEASE									V Lease Lease No.		
Lease Name	Well No. Pool Name, Inclus							Kind of Lease State, Federal or Fee		28	
Signal State							<u>\</u>	·			
Unit LetterC	_ :	660	Feet	From The	lorth Line	and <u>19</u>	<u>80 </u>	eet From The	West	Line	
- Section 1 Townshi	p	8-S	Rang	<u>e 32</u>	2-E , NI	ирм,	Chaves		<u> </u>	County	
III. DESIGNATION OF TRAN	ISPORTE			ND NATU	RAL GAS			d come of this f	num in to be se		
Name of Authorized Transporter of Oil X or Condensate					Address (Give address to which approved copy of this form is to be sent) P. O. Box 2080 Dallas, TX 75221-2080						
Mobil Pipeline Naive of Authonized Transporter of Casinghead Gas [X] or Dry Gas []					Address (Give address to which approved copy of this form is to be sent) P. O. Box 300 Tulsa, OK 74102					ent)	
_Trident_NGL,_Inc					Is gas actually connected? Whe						
If well produces oil or liquids, give location of tanks.	Unit B	Sec.	Twp.	S 32E	Yes	Connected	•••••	2-9-67			
If this production is commingled with that		her lease or		And and the owner wanted to be a reason of the second second second second second second second second second s		xer:					
IV. COMPLETION DATA											
Designate Type of Completion	(X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	o Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations								Depth Casin	Depth Casing Shoe		
· ·											
TUBING, CASING AND					CEMEN'III						
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	-										
					·						
	-										
V. TEST DATA AND REQUE	ST FOR A	ALLOW	ABLI	E							
OIL WELL (Test must be after)	- 1		of load	l oil and mus	be equal to or Producing Me	exceed top all	lowable for 1	us depin or be j	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	st			Producing Ma	atou (110%, p	· · · · · · · · · · · · · · · · · · ·	2.0.7			
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size	Choke Size		
Actual Prod. During Text Oil - Bbls.					Water - Bbls.			Gas- MCF			
					<u> </u>						
GAS WELL Actual Frod. Test - MCF/D	MCF/D Length of Test				Bbis. Conden	sate/MMCF		Gravity of C	Gravity of Condensate		
				Casing Press	re (Shut-in)	<u></u>	Choke Size	Clicke Size			
Testing Method (pitol, back pr.)	ruoing riessure (Snut-in)										
VI. OPERATOR CERTIFIC				NCE	: r		VSERV	ATION	DIVISIC	N	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved 1991						
()	-					whink			<u></u>		
- Pandy Prus					By_		•		4	NCT N	
Signatures DUV RDUNIO that Man.											
Printed Name	$\overline{\mathbf{N}\mathbf{U}}$	C:	Title		Title						
12/16/9		415-	685	0113			<u> </u>				
Date		Tele	ephone	No.							

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.

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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.