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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•		TO THAN	1SPORT C	JIL AND NA	I UHAL GA	1000	DI Ma			٦
Operator Earl R. Brund	. Co.					Weil 7	api no. 20 — 00	5-10	582	OK
Address		Toyac	79702							
P.O. BOX 590 Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		Change in T	ransporter of: Dry Gas	Othe	er (Please expla	in)				
Standby in Operation	arl R. Bi								· · · · · ·	_
I. DESCRIPTION OF WELL		ASE								ר
Chaves Sto	ate	Well No.	Chaver	luding Formation 100 San	<u> Andres</u>	Kind State	of Lease Federal or Fe		3349	
Unit Letter	·			North Line			et From The	East	Line	
Section Towns			Cango Con		ирм,	haves	>		County	ا
II. DESIGNATION OF TRA		R OF OIL	AND NAT	TURAL GAS Address (Give	e address to wh	ich approved	copy of this f	orm is to be se	ns)]
Name of Authorized Transporter of Oil	<u>677. </u>			110 60	X 4648	Hous	on. Tex	<u>as 172</u>	10-4648	4
Name of Authorized Transporter of Cas	inghead Gas	(X)	or Dry Gas	Address (Giw	e address to wh	()~ ' ()	RCI.	re 1,000al	ands. 71.	1 773
f well produces oil or liquids, ive location of tanks.	Unit	i	<u>ii</u>	ge. is gas actually		When	?			
this production is commingled with the V. COMPLETION DATA	it from any other	er lease or po	ool, give commi	ingling order numb	жг: 					-
Designate Type of Completio	n - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completio		Date Compl. Ready to Pro		Total Depth	Total Depth		P.B.T.D.			1
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas I	Top Oil/Gas Pay			Tubing Depth		
erforations					Depth Casing Shoe					
		TIRING C	SASING AN	ID CEMENTI	NG RECOR	D	<u> </u>			_
HOLE SIZE		SING & TUE			DEPTH SET			SACKS CEMENT		
										-
'. TEST DATA AND REQUI	EST FOR A	LLOWA	BLE						. 	_
IL WELL (Test must be after	recovery of to	tal volume of	load oil and m	nust be equal to or	exceed top allo	mable for thi	s depth or be etc.)	for full 24 hou	rs.)	7
Date First New Oil Run To Tank	Date of Tes	st		Producing IVA						
ength of Test	Tubing Pre	Tubing Pressure			Casing Pressure			Choke Size		
actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF		
GAS WELL							Tomuies of (Condensate	···	ר
Actual Prod. Test - MCF/D	Length of	Test		Bbls. Conden	Bbis. Condensate/MMCF			Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pre	ssure (Shut-i	n)	Casing Press	Casing Pressure (Shut-in)			Choke Size		
I. OPERATOR CERTIFI	CATE OF	COMPI	LIANCE		OIL CON	ISERV.	ATION	DIVISIO	N	
I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of m	nd that the infor	rmation giver	ation above		Approve			i g over		
Randy Br	- By_	By ORIGINAL SIGNED BY JERRY SEXTON								
Signature Randy Bruno			Mgr.	-						
Printed Name 11/4/92		915/685		- Title						
		Talan	hone No	1.1						

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.