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Appropriate District Office
DISTRICT 1
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 TR                       | ANSPORT OIL                          | AND NATURAL G   | Well Al                                | Pl No.                |                     |
|---|-----------------------------|--------------------------------------|---|--|-----------------------|---------------------|
| EARL R. BRUNO   |                             | 30 <del>0</del> 05-20470             |   |  |                       |                     |
| P. 0. Box 590, N  | Midland, Tex                | as 79702                             |   |  |                       |                     |
| eason(s) for Filing (Check proper box) lew Well ecompletion hange in Operator |                             | n Transporter of: Dry Gas Condensate | Other (Please exp   |  | 1, 1991               |                     |
| THINGS IN Obcision 11   |                             | Corporation                          | n, P. O. Box 26   | 48, Roswe                              | 11. N.M.              | 88202-2648          |
| I. DESCRIPTION OF WELL  | AND LEASE                   |                                      |   |  |                       |                     |
| case Name<br>Chaves A. State  | Well No                     | Pool Name, Includi<br>Chaveroo       | ng Formation  San Andres  | Kind of Lease<br>State, Foderal of Fee |                       | Lease No.<br>K-3349 |
| Unit LetterE  | 1980                        | _ Feet From The No                   | orth Line and 6   | 60 Fee                                 | et From TheW          | est Line            |
| Section Township  | 8 South                     | Range 32 E                           | ast , <u>nmpm,</u>  | Chaves                                 |                       | County              |
| II. DESIGNATION OF TRAN   | SPORTER OF                  | OIL AND NATU                         | RAL GAS Address (Give address to                                  | List same and                          | come of this form is  | to be sent)         |
| Name of Authorized Transporter of Oil   | CHERMIAN COR                | EFF 9-1 91                           | P. 0. Box 118   |  |                       |                     |
| PERMIAN SOCREON Name of Authorized Transporter of Casing                      |                             | or Dry Gas                           | Address (Give address to  | which approved                         | copy of this form is  | to be sent)         |
| OXY USA INC.  |                             |                                      | P. O. Box 300, Tulsa, Ok. 74102  Is gas actually connected? When? |  |                       |                     |
| If well produces oil or liquids,<br>tive location of tanks.                   | Unit   Sec.                 |                                      | <u> </u>  | , , which                              | ·<br>                 |                     |
| this production is commingled with that                                       | from any other lease        | or pool, give comming                | ling order number:  |  |                       |                     |
| V. COMPLETION DATA  | loii w                      | ell Gas Well                         | New Well   Workover   | Deepen                                 | Plug Back Sam         | e Res'v Diff Res'v  |
| Designate Type of Completion  |                             | i                                    | Total Dardh   | l                                      | P.B.T.D.              |                     |
| Date Spudded  | Date Compl. Ready to Prod.  |                                      | Total Depth   |  |                       |                     |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation |                                      | Top OiVGas Pay  |  | Tubing Depth          |                     |
| Perforations  |                             |                                      |   |  | Depth Casing Sh       | oe<br>              |
|   | TUBIN                       | G, CASING AND                        | CEMENTING REC   | ORD                                    |                       | CO OCUENT           |
| HOLE SIZE CASING & TUBING SIZE  |                             | TUBING SIZE                          | DEPTH SET   |  | SACKS CEMENT          |                     |
|   |                             |                                      |   |  |                       |                     |
|   |                             |                                      |   | <u> </u>                               |                       |                     |
| V. TEST DATA AND REQUE  | ST FOR ALLO                 | WABLE                                | 1   | <del></del>                            |                       |                     |
| V. TEST DATA AND REQUE<br>OIL WELL (Test must be after                        | recovery of total volu      | me of load oil and mu                | st be equal to or exceed top                                      | allowable for th                       | is depth or be for fi | ull 24 hours.)      |
| Date First New Oil Run To Tank  | Date of Test                |                                      | Producing Method (Flor  | v, pump, gas tyt,                      | 51C./                 |                     |
| Length of Test  | Tubing Pressure             |                                      | Casing Pressure   |  | Choke Size            |                     |
|   |                             |                                      | Water - Bbis.   |  | Gas- MCF              |                     |
| Actual Prod. During Test  | Oil - Bbls.                 |                                      |   |  |                       |                     |
| GAS WELL  |                             |                                      | Bbls. Condensate/MMC  | <del>'F</del>                          | Gravity of Cond       | lensate             |
| Actual Prod. Test - MCF/D   | Length of Test              |                                      | _   |  |                       |                     |
| Testing Method (pitot, back pr.)  | Tubing Pressure (Shut-in)   |                                      | Casing Pressure (Shut-in)   |  | Choke Size            |                     |
| VI. OPERATOR CERTIFIC   | CATE OF CO                  | MPLIANCE                             | OII C   | ONSER\                                 | ATION D               | IVISION             |
| Thereby portify that the rules and rep  | ulations of the Oil Co      | nservation                           |   |  | 0 عال ل               | 1991                |
| Division have been complied with an is true and complete to the best of m     | y knowledge and belie       | ef.                                  | Date Appro  | oved                                   | <u> </u>              | - IVV 1:            |
| 1 Dan Auton   | 1111                        | •                                    | _   | . Sig                                  | ned b <b>y</b>        |                     |
| Signature De Man  |                             |                                      | By  | By Paul Kauts Geologiet                |                       |                     |
| Printed Name  | $\frac{10}{a}$              | Tide  Tide                           | Title   | ,— O106                                |                       |                     |
| 7/3/91<br>Date  |                             | Telephone 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.
- 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.