Schmit 5 Cepies Apprepriate District Office DISTRICTI 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

DICTRICT IF	OIL C		ALION DIVISIO	)N		
DISTRICT_II P.O. Drawer DD, Artesia, HM 88210	Sa		ox 2088 exico 87504-2088			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		•		IZATION		
I. REQUEST FOR ALLOWABLE AND AUTHOR TO TRANSPORT OIL AND NATURAL G						
Earl R. Bruno				Well 7		
Address P. O. Drawer 590 M	fidland, TX 7	9702				
Reason(s) for Filing (Check proper box) New Well		Transporter of:	Other (Please expl	lain)		
Recompletion	Oil	Dry Gas				
Change in Operator X  If change of operator give name and address of previous operator Bris	Casinghead Gas []		on 6655 S. Lewis	s. Ste. 2	200 Tuls	a, OK 74136
		Corporation	71 0033 5. ECW1.			<del></del>
Leane Name					f Lease Tederal or Fee	Lease No.
Levick 1 State	2	1	(San Andres)			B-8638
Us/t LotterF	: 1980	Feet From The	North Line and 198	80Fee	t From The	West Line
Section 1 Township	aip 8S	Range 32E	, NMPM,	Chaves	3	County
Trident NGL, Inc.  Well produces oil or liquids, Unit   Sec.   To		or Diy Gas []  Twp.   Rge.   8S   32E	Address (Give address to which approved copy of this form is to be sent)  P. O. Box 2080 Dallas, TX 75221-2080  Address (Give address to which approved copy of this form is to be sent)  P. O. Box 300 Tulsa, OK 74102  Is gas actually connected? When?  Yes 1-31-76			221-2080 1 is to be sent)
IV. COMPLETION DATA						
Designate Type of Completion	Oil Well	Gas Well	New Well   Workover	Decpen	Plug Back Sa	me Res'v Diff Res'v
Date Spudded	Date Compl. Ready to	Prod.	Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
Perforations			I		Depth Casing S	ilios
	TUBING, CASING AND					
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
V. TEST DATA AND REQUE OIL WELL (Test must be after t	ST FOR ALLOWA recovery of total volume o	ABLE of load oil and must	be equal to or exceed top allo	owable for this	depth or be for	full 24 hours.)
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pu			
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	
Actual Find. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF	
GAS WELU				i	<del></del>	<del></del>
Actual Frod. Test - MCF/D	Length of Test		Hbls. Condensate/MMCF		Gravity of Condensate	
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size	
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above  is true and complete to the best of my knowledge and belief.			OIL CONSERVATION DIVISION  Date Approved			
Signature BRUN  Frinted Name    2   16   9	5 10 Pard 915-	luction May. Tille -685013	By			· · · · · · · · · · · · · · · · · · ·
- Date	Telej	phone 14o.				

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 webs.

e Lambe ...