Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Anesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		\cap THAN	JSP()	RT OIL F	ND NATURAL GAS	Well API	No		
		O ITIMI	0. 0			Well Art	140.		
Earl R. Bruno				· · · · · · · · · · · · · · · · · · ·		_1			
	. -	7070	12						
P.O. Box 590 Midlar	nd, Tex	as /9/0	JZ		Other (Please explain)			
eason(s) for Filing (Check proper box)		Change in T	Transport	ter of:					
ew Well	Oil		Dry Gas				\mathcal{L}_{i}^{t}		
ecompletion hange in Operator	Casinghead	Gas	Conden	rate					
shape of operator give name									
d address of previous operator	ANDIEA	CIT				1 222 1 4	Lease	Lea	se No.
, DESCRIPTION OF WELL A	AND LEA	Well No.	Pool Na	me, Includin	g Formation	Kind of	ederal or Fee	K-27	
case Name		10]	С	<u>haveroo</u>	(San Andres)				
State 6		- 0		C.	th 19.	80 Foe	From The	East	Line
Unit Letter	_ :! [_]	<u>BO</u>	Peet Fr	om The	outh Line and	<u> </u>		_	County
	, 8S		Range	33E	, NMPM, Cha	ves			County
Section 6 Township			_		THE CAS				
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATUI	RAL GAS Address (Give address to whi	ich approved	copy of this for	rm is to be set	ni)
Jame of Authorized Transporter of On	(XX)	or Conden	Pare		P.O. Box 4648 Houston, Texas 77210				
Scurlock/Permidi				Address (Give address to which approved copy of this form is to be sent) P.O. BOX 300 Tulsa, OK. 74102					
Trident NGL, Inc.	Traident NGL Inc.				II d2	When	7 0 10	7/-	
If well produces oil or liquids,	Unit	Sec. 6	Twp.	Rge. 33E_	Yes	l	8-14-	· 10	
this production is commingled with that	F	her lease or	pool, gi	ve commingi	ing order number:				
f this production is commingled with that V. COMPLETION DATA	from any ou				New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		Oil Well		Gas Well	New Mell Horrore	ii	l		_
Designate Type of Completion	- (X)	-I Peady I	l_		Total Depth	<u></u>	P.B.T.D.		
Date Spudded					M All/Ass Day		Tubing Depth		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				n.	Top Oil/Gas Pay				
Elevations (DP, RRB, RT, CH, 110)							Depth Casing	g Shoe	
Perforations							<u> </u>		
		TIBING	CAS	NG AND	CEMENTING RECOR	D	5	SACKS CEM	ENT
		שיוועטו	, 0						
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HOLE SIZE	CA	ASING & T	UBING	SIZE	DEFINGE				
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V. TEST DATA AND REQUE	CA EST FOR recovery of	ALLOW	UBING	SIZE	<i>DEI</i> 1111 C		s depth or be j	for full 24 hou	us.)
V. TEST DATA AND REQUE	CA	ALLOW	UBING	SIZE	be equal to or exceed top all Producing Method (Flow, po				us.)
V. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank	CAT FOR recovery of Date of T	ALLOW	UBING	SIZE	<i>DEI</i> 1111 C		Choke Size		us.)
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V. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test	CAT FOR recovery of Date of T	ALLOW total volume	UBING	SIZE	Producing Method (Flow, page Casing Pressure Water - Bbls.		Choke Size		us.)
V. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test	CAT FOR recovery of Date of Tubing P	ALLOW lotal volume cest ressure	UBING	SIZE	t be equal to or exceed top all Producing Method (Flow, p. Casing Pressure		Choke Size		us.)
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V. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.)	CA CST FOR recovery of Date of T Tubing P Oil - Bbl Length of Tubing F	ALLOW total volume ressure	VABLE of load	SIZE	Producing Method (Flow, p. Casing Pressure Water - Bbls. Bbls. Condensate/MMCF Casing Pressure (Shut-in)	owable for thi unp, gas lift, c	Choke Size Gas- MCF Gravity of Choke Size	Condensate	
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- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 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.