Submit 5 Certex Appropriate District Office DISTRICT J P.O. Hox 1980, Robbs, NM 88240 DISTAUCER P.O. Diawer DD, Aitesia, RM 88210

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	Sa	inta Fe, New M	lexico 875	04-2088					
1000 Rio Binzos Rd., Aztec, NM 87410	REQUEST FO								
I. Operator	10 111/	MSPORTO	L VND NV	I UIINL G	AS Well	ХРГ№			
Earl R. Bruno									
P. O. Drawer 590 M	idland, TX 7	9702							
Reason(s) for Filing (Check proper box)	Channe in	. W	[] Ou	ier (Please exp	lain)				
New Well		Transporter of:							
Change in Operator	Caringhead Gas								
If change of operator give name	stol Resource		55 S. I.	owie Sta	200	Tulsa, (OK 7413	6	
and address of previous operator <u>Bri</u> II. DESCRIPTION OF WELL		s corp. oo	, <u>, , , , , , , , , , , , , , , , , , </u>		200	Turbaş (7413	<u> </u>	
Lease Name					of Lease No.		ease No.		
State "6"	10	Chaveroo			Stale,	Federal or Fee	K-27	779	
Location				1.0					
Unit LetterJ	:1980	Feet From The	South Lin	e and19	80 F	et From The _	East	Line	
Section 6 Townsh	ip 8-S	Range 33-E	<u>, N</u>	MPM, Ch	aves			County	
III. DESIGNATION OF TRAI	SPORTER OF O	IL AND NATU							
Name of Authorized Transporter of Oil X or Condensate				Address (Give address to which approved copy of this form is to be sent)					
Mobil Pipeline				P. O. Box 2080 Dallas, TX 75221-2080					
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas []				Address (Give address to which approved copy of this form is to be sent)					
Trident NGL, Inc. If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actuall	Rox 300 y connected?	When	OK 74	102		
give location of tanks.	-	Yes 8-14-76							
If this preduction is commingled with that IV. COMPLETION DATA	from any other lease or j	pool, give comming	ling order num	ber:					
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth	<u> </u>	.l	P.B.T.D.		J	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	Top Oil/Cangay			Tubing Depth				
		· · ·							
Perforations			•			Depth Casing	y Shoe		
	TUBING,	CASING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TU	IBING SIZE		DEPTH SET		s	ACKS CEME	INT	
						\			
	-		ļ	**					
V. TEST DATA AND REQUES			he agual to co	areaed ton all	oughle for this	denth or he G	or full 24 km	c)	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	y toud ou and mittl		thod (Flow, pu			, jiui 27 110W	/	
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prest. During Test	Oil - Hbls.		Water - Bbls.			Gas- MCF			
GAS WELL	1		•						
Acuial Frod. Test - MCI/D	Length of Test		Bbls. Conden	sale/MMCF	,	Gravity of Co	ondensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-	Casing Pressure (Shut-in)			Choke Size				
						1			
VI. OPERATOR CERTIFIC			\parallel	OIL CON	ISERV/	ATION F	OIZIVIC	N	
Thereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION					
is time and complete to the best of my knowledge and belief.				Date Approved					
			Date	whhinse	<u>د د د د د د د د د د د د د د د د د د د </u>	人 4 138	11		
Tandy Fruit				: :					
Signature ANTO RRUNO, Pood, Man				By					
Printed Native				•		·			
12/16/91	415-6	850(13	Title						
Date	Telep	vione No.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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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 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.