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 I-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Diawer DD, Artesia, IVM 88210	C.		ox 2088 exico 87504-2088								
DISTRICT III 1000 Pie Biazon Rd., Aztoc, NM 87410											
			BLE AND AUTHORIZ , AND NATURAL GA								
1. TO HAPISPORT O'C. Operator			. MIND INTO THE GA	Well API No.	Well API No.						
Earl, R. Bruno			to the second se								
Address	Topological Committee of Mindeline Committee C			•							
P. O. Draver 590 M	Idland, TX 79	9702	Other (Please explai	n)							
Reason(r) for Filing (Check proper beat) Nevr Well	Change in	Transposter of:	i one product	,							
Recompletion []	on \square	Dry Gas	•								
Change in Operator [8]	Casinghead Gas []	Condensate [
If change of operator give name and address of previous operator Bri	stol Resource	s Corp. 66	55 S. Lewis, Ste.	200 Tulsa, OK	74136						
II. DESCRIPTION OF WELL	AND LEASE		<i>!</i>								
Lease Name	Well No. Pool Name, Includi			Kind of Lease State, Federal or Fee	Lease No.						
State 5-8-33		Chaveroo	(San Andres)	State, Teneral of Tee	NM-5144						
Location Unit LetterE	. 1980	Feet From The	North Line and 66	O Feet From The	West Line						
	ip 8-S	Range 33-E		aves	County						
HL DESIGNATION OF TRAI	SISPORTER OF O	II. AND NATU	RAL GAS								
Name of Authorized Transporter of Oil	or Conden		Address (Give address to whi	ch approved copy of this form	is to be sent)						
Mobil Pipeline			P. O. Box 2080 Dallas, TX 75221-2080								
true 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.	Unit Sec.	Twp. Rge.	P. O. Box 300 Tulsa, OK 74102 s gas actually connected? When ?								
If well produces oil or liquids, give location of tanks.	G 5	8s 33E	Yes	6-30-76							
If this production is commingled with that	from any other lease or	pool, give comming									
IV. COMPLETION DATA			1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Deepen Plug Back Sai	me Res'v Diff Res'v						
Designate Type of Completion	Oil Well	Gas Weil	New Well Werkover	Deepen Plug Back Sat	line Res v Dill Res v						
Date Spudded	Date Compl. Ready to	Prod.	Total Depth	P.B.T.D.							
Elevations (DF, RKB, RT, GR. etc.)	Name of Producing Fo	ormation	Top Oll/Gas Pay	Tubing Depth	Tubing Depth						
Perfections	<u> </u>		1	Depth Casing 5	ios						
					· · · · · · · · · · · · · · · · · · ·						
	TUBING, CASING AND)	CKS CEMENT						
HOLE SIŽE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT						
<u> </u>											
V. TEST DATA AND REQUE	ST FOR ALLOWA	ABLE of and must	be equal to or exceed top allow	wable for this depth or be for j	full 24 hours.)						
Oll, WELL Test must be after Date First New Oil Run To Tank	Date of Test	by recta bit draw water	Producing Method (Flow, pun	ψ, gas lýt, etc.)							
			Z. 1 - B	Choke Size	Choke Size						
Length of Test	Tubing Pressure		Casing Pressure								
Actual Frod. During Test	Oil - Bbls.		Water - Bhls.	Gas- MCF							
CIAD THE !											
GAS WELL [Actual Frod. Test - MCF/D]	Length of Test		Bbls. Condensate/MMCF	Gravity of Cond	Gravity of Condensate						
100					73						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	Choke Size							
VI. OPERATOR CERTIFIC			OIL CON	SERVATION DI	VISION						
Thereby 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. Signature Sig			Date Approved								
						Printal Name	7	Title	Title		
						12/16/91	915-	~682U([S	11		

Date (Calchione So.) 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 Role 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) 57! one 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.

HAMILAND DATASET