Submit 5 Copies
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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

1000 RIO BILZOS REL, AZEC, RITE 07410	REQUEST FO	OR ALLOWAE	BLE AND AUTHO _AND NATURAL	HIZATION GAS				
I. Operator	Well API No.							
Earl R. Bruno		3D-005-2055						
Address	1	7.07.0						
P.O. Box 590 I	<u>Midland, Texa</u>	s /9/02	Other (Please	erolain)				
Reason(s) for Filing (Check proper box)	Change in	Transporter of:	Culet (1 tems	ετρωνή				
New Well Recompletion	Oil	Dry Gas						
Change in Operator	Casinghead Gas	Condensate						
If change of operator give name	nl P Rruno P	0 Box 590	Midland, Tex	as 79702				
and an arrange of the second	·	.0. 000 030	- III GI GII GI					
II. DESCRIPTION OF WELL	AND LEASE Well No.	Pool Name, Includi	ing Formation	Kind	of Lease	T 14	ease No.	
Lease Name State 5-8-33	Wei No.		San Andres State		Federal or Fee	NM-5	144	
Location		J		1000				
Unit Letter	_ : <u>1980</u>	Feet From The	nuth Line and		et From The	West	Line	
Section 5 Townshi	ip 8-S	Range 33-E	. , NMPM,	Chaves			County	
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS			-,		
Name of Authorized Transporter of Oil	or Conden	sale	Address (Give address				nı)	
Scurlock/Permian Corp.			P.O. Box 464 Address (Give address)	8 Houston,	lexas //	210	n()	
Name of Authorized Transporter of Casin Trident NGL, Inc.	ghead Gas X	or Dry Gas	10200 Grogan	Mills Rd.	Woodland	s, Tx.	74102	
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually connecte		7			
give location of tanks.	G 15	8S 33E	Yes		9-30-	16_		
If this production is commingled with that	from any other lease or	pool, give comming!	ling order number:					
IV. COMPLETION DATA	Oil Well	Gas Well	New Well Workove	r Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion		320	i <u>i </u>				<u></u>	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formati		rmation	Top Oil/Gas Pay		Tubing Depth			
Perforations			Depth Casing Shoe					
	TURING	CASING AND	CEMENTING REC	ORD				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
TIOLE OILE								
								
					 			
V. TEST DATA AND REQUES	T FOR ALLOWA	ABLE	1					
OIL WELL (Test must be after t	ecovery of total volume	of load oil and must	be equal to or exceed top	allowable for this	depth or be for	full 24 hour	<u>s.)</u>	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow	v, pump, gas iyi, e	(C.)			
	Tubing Pressure		Casing Pressure		Choke Size			
Length of Tes	Tubing Freshire							
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF			
•			<u></u>					
GAS WELL					<u>,</u>			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate			
			Casing Pressure (Shut-in)		Choke Size			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-	-in)	Casing Ficasis (one in-)					
VI. OPERATOR CERTIFIC	ATE OF COMP	LIANCE		ONSERVA	ATION D	1/1210	M	
I hereby certify that the rules and regul-	ations of the Oil Conserv	vation	OIL CO		TIOND	1 1 1010	1.4	
Division have been complied with and that the information given above			Date Approved 19 1993					
is true and complete to the best of my l	mowieage and belief.		Date Appro	ved				
Randy Bruno			ADDITION OF THE PARTY OF THE PA					
Signature			By Okien	By ORIGINAL SIGNED BY JERRY SEATON BISTRECT ! SUPERVISOR				
Randy Bruno Prod. Mgr.			Title			_		
Printed Name 11/4/92	915/68	5-0113	Ime					
Date	Tele	phone No.	<u> </u>		produce the state of		Contract of the total	

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.