Submit 5 Cenies Appropriate District Office DISTRICTI P.O. Box 1980, Hobbs, NM 88240 DISTRICTH P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revleed 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

-	REQ					AUTHORI					
I. Operator	L VND N	AND NATURAL GAS Well APT No.									
Earl R. Bruno							,,,,,,	7111100			
Address	idland,	TX 7	 9702				. 				
Reason(s) for Filing (Check proper box)	itutanu,	ΙΛ /	3702		O	ther (Please expl	'ain)	 			
New Well		Change in	Transpo	orter of:							
Recompletion	Oil	닐	Dry Ga		<i>‡</i>						
Change in Operator X	Casinghe	ad Gas	Conden	nsate					 		
	istol F		es Co	orp. 6	6655 S.	Lewis, St	te. 200	Tulsa,	OK 7413	36	
II. DESCRIPTION OF WELL	AND LE		1= :				V:-4	-f1		ease No.	
Lease Name Signal State	Well No. Pool Name, Inclu 7 Chaveroo							of Lease Federal or Federal			
Location	. 66	:n		c	South	10	980		Fast		
Unit LetterO	- :		Feet Fr		South Li	ik zilo		eet From The	Lase	Line	
Section 1 Townsh	ip 8–9	<u> </u>	Range	32-I	1,	MPM, (Chaves			County	
III. DESIGNATION OF TRAI				D NATU		ive address to w	hich anns	d conv of this f	arm is to be -	ent)	
Name of Authorized Transporter of Oil X or Condensate											
Mobil Pipeline Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas []						P. O. Box 2080 Dallas, TX 75221-2080 Address (Give address to which approved copy of this form is to be sent)					
Trident NGL, Inc.					1	Box 300		o, OK 7			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.		lly connected?	When				
give location of tanks.	В	1	<u>8s</u>	32E	Yes	 		L - 2-77			
If this production is commingled with that EV. COMPLETION DATA	from any otl	her lease or p	pool, giv	e comming	ling order nun	nber:	·				
Designate Type of Completion	- (X)	Oil Well	10	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe			
		<u>-</u>						1			
	TUBING, CASING AND				CEMENT				MOVO OF H		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			 	SACKS CEMENT			
V. TEST DATA AND REQUE	STROP A	TIAWA	ni e		L			<u> </u>			
OIL WELL (Test must be after s				oil and must	be equal to o	r exceed top allo	owable for thi	s depth or be f	or full 24 hou	rs.)	
Date First New Oil Run To Tank					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Press	surc		Choke Size	Choke Size		
	Tubing Freesure							Gas- MCF			
Actual Prod. During Test	Oil - Bels.				Water - Bbls.			ORE- MCF			
GAS WELL		<u></u>									
Actual Prod. Test - MCF/D						Bbls. Condensate/MMCF			Gravity of Condensate		
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	ICE	1						
I hereby certify that the rules and regul					11 '	OIL COV	ISERV	A HOŅ [IJĸisiC	N	
Division have been complied with and that the information given above						Date Approved					
is true and complete to the best of my	knowledge al	na veliel.			Date	a Approve	q	. ***			
Landa Dan Dana	IC \									4	
Signature Na. O. C. D. C					By_	A					
TAMBON DEOD	<u>U</u>	ANDO	. Md	£			e e	-			
Printed Name	915	-689		3	Title)					
Date		Telep	hone No	o	[]						

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.