

Submit 5 Copies
 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240
 DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210
 DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator: Earl R. Bruno
 Well API No.:
 Address: P.O. Box 590 Midland, Texas 79702
 Reason(s) for Filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Operator Casinghead Gas Condensate
 Other (Please explain)

II. DESCRIPTION OF WELL AND LEASE

Lease Name: State 6
 Well No.: 12
 Pool Name, Including Formation: Chaveroo (San Andres)
 Kind of Lease (State, Federal or Fee):
 Lease No.: K-2779
 Location: Unit Letter I, Section 6, Township 8S, Range 33E, NMPM, Chaves County
 Feet From The South Line and 330 Feet From The East Line

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil (XX) or Condensate
 Scurlock/Permian
 Address (Give address to which approved copy of this form is to be sent): P.O. Box 4648 Houston, Texas 77210
 Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas
 Trident NGL, Inc.
 Address (Give address to which approved copy of this form is to be sent): P.O. Box 300 Tulsa, OK. 74102
 If well produces oil or liquids, give location of tanks: Unit F, Sec. 6, Twp. 8S, Rge. 33E
 Is gas actually connected? Yes
 When? 1-10-77

IV. COMPLETION DATA

Designate Type of Completion - (X)
 Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v
 Date Spudded: _____ Date Compl. Ready to Prod.: _____
 Elevations (DF, RKB, RT, GR, etc.): _____ Name of Producing Formation: _____
 Total Depth: _____ P.B.T.D.: _____
 Top Oil/Gas Pay: _____ Tubing Depth: _____
 Depth Casing Shoe: _____
 Perforations: _____

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL
 (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank: _____ Date of Test: _____ Producing Method (Flow, pump, gas lift, etc.): _____
 Length of Test: _____ Tubing Pressure: _____ Casing Pressure: _____ Choke Size: _____
 Actual Prod. During Test: _____ Oil - Bbls.: _____ Water - Bbls.: _____ Gas - MCF: _____

GAS WELL

Actual Prod. Test - MCF/D: _____ Length of Test: _____ Bbls. Condensate/MMCF: _____ Gravity of Condensate: _____
 Testing Method (pilot, back pr.): _____ Tubing Pressure (Shut-in): _____ Casing Pressure (Shut-in): _____ Choke Size: _____

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby 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: Randy Bruno
 Printed Name: Randy Bruno
 Date: 3/16/92
 Title: Production Mgr.
 Telephone No.: 915685-0113

OIL CONSERVATION DIVISION

Date Approved: MAR 25
 By: ORIGINAL SIGNED BY JERRY SEXTON
 Title: DISTRICT I SUPERVISOR

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.