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Appropriate District Office
DISTRICT! 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, Antesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWAR	BLE AND AUTHORIZATIONAND NATURAL GAS	
I.		Well A	API No.
	ces, Inc. , d/b/a Permi	ian Partners, Inc. 30	1-005-20590 V
P. 0. Box 590	Midland, Texas 7	9702 Other (Please explain)	
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)	
Recompletion	Oil Dry Gas		
Change in Operator	Casinghead Gas Condensate		
If change of operator give name and address of previous operator Earl	R. Bruno Company P	. 0. Box 590 Midlar	nd, TX 79702
II. DESCRIPTION OF WELL	AND LEASE	. Vind	of Lease , Lease No.
Lease Name	Well No. Pool Name, Includ	so San Indres State,	Federal or Fee R-2573
Location	. / 987) Feet From The	South Line and 660 Fe	et From The Dest Line
Unit Letter	00 - 32	E, NMPM, Chau	(County
Section Townshi			
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	ISPORTER OF OIL AND NATU	Address (Give address to which approved	copy of this form is to be sent)
scurlak Permian	ж <u> </u>	POBOY 1183, 940	Miles I We motor
Name of Authorized Transporter of Casing	ghead Gas or Dry Gas	Address (Give address to which approved	copy of this form is to be seful
OXY USAW		ls gas actually connected? When	7
If well produces oil or liquids, give location of tanks.	D 4 18 133	les !	10-65
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 Workover Deepen	Plug Back Same Res'v Diff Res'v
Designate Type of Completion			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			
	TUBING, CASING AND	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	OW DV E		
V. TEST DATA AND REQUES	ST FOR ALLOWABLE	t be equal to or exceed top allowable for the	s depth or be for full 24 hours.)
OIL WELL (Test must be after re	Date of Test	Producing Method (Flow, pump, gas lift,	uc.)
	Tubing Pressure	Casing Pressure	Choke Size
Length of Test		Water - Bbls.	Gas- MCF
Actual Prod. During Test	Oil - Bbls.		
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFIC	ATE OF COMPLIANCE	OIL CONSERV	ATION DIVISION
the sules and recul	lations 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.		Date ApprovedJUN 1 4 1993	
(Doudlet July		By ORIGINAL SIGNED BY JERRY SEXTON	
Signature Randy Bruno President		District is	
Printed Name May 17, 1993	Tide 915/685-0113	Title	
Date	Telephone No.		and the second s

- 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.