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.: 30-005-70723

Address: P.O. Box 590 Midland, Texas 79702

Reason(s) for Filing (Check proper box)

- New Well [ ]
- Recompletion [ ]
- Change in Operator [X]
- Other (Please explain) [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

If change of operator give name and address of previous operator: El Ran, Inc., P.O. Box 911, Lubbock, Texas 79408

## II. DESCRIPTION OF WELL AND LEASE

Chaveroo

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease (State, Federal or Fee) | Lease No. |
|---|---|---|---|---|
| Chaveroo San Andres Unit (Tract 7) | 2 | San Andres | X Fee | |

Location
Unit Letter I : 2200 Feet From The SL Line and 990 Feet From The EL Line

Section 3 Township 8 South Range 32 East NMPM, Chaves County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Phillips 66 Company Trucks
Address (Give address to which approved copy of this form is to be sent): 9C1 Adams Building, Bartlesville, OK 74004

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): Attn: Plant Accounting, RM 456 ~~10200 Grogan's Mill Road, The Woodlands, TX~~ 77380

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When ? |
|---|---|---|---|---|---|---|
| | | | | | | |

If this production is commingled with that from any other lease or pool, give commingling order number:

## 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. | Total Depth | P.B.T.D. |
|---|---|---|---|
| | | | |

| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
|---|---|---|---|
| | | | |

| Perforations | Depth Casing Shoe |
|---|---|
| | |

### TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

## 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 (pitot, 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.

By: Randy Bruno

Signature: Randy Bruno — President

Printed Name: August 31, 1992 — Title: 915/685-0113

Date — Telephone No.

## OIL CONSERVATION DIVISION

Date Approved: SEP 08 '92

By: ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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.