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Appropriate District Office
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

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Earl R. Bruno Well API No. 30-005-72788

Address P.O. Box 590 Midland, Texas 79702

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☒ 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 <u>Chaveroo San Andres Unit</u>	Well No. <u>8</u>	Pool Name, Including Formation <u>San Andres</u>	Kind of Lease State, Federal or Fee ☒	Lease No. <u>NM 13999</u>
Location (Tract I) Unit Letter <u>N</u> : <u>990</u> Feet From The <u>SL</u> Line and <u>2200</u> Feet From The <u>WL</u> Line Section <u>3</u> Township <u>8 South</u> Range <u>32 East</u> , <u>NMPM</u> <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Injection well

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Phillips 66 Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>901 Adams Building, Bartlesville, OK 74004</u>					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>Trident NGL, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Attn: Plant Accounting, RM 456</u> <u>10200 Grogan's Mill Road, The Woodlands, TX 77380</u>					
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 100 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 (puls, 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.