

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Earl R. Bruno	
Address P. O. Box 590, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner: Newhall Resources, P. O. Box '8629, Midland, TX 79708

II. DESCRIPTION OF WELL AND LEASE

Lease Name Speight	Well No. 1	Pool Name, including Formation Bronco Siluro/Devonian	Kind of Lease State, Federal or Fee	Lease No. 21670
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>15</u> Township <u>13-S</u> Range <u>38-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Phillips Petroleum Co. - Trucks	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	A 15 13-S 38-E No

If this production is commingled with that from any other lease or pool, give commingling order number: No

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Earl R. Bruno
(Signature)
Earl R. Bruno - Owner
(Title)
9/7/88
(Date)

OIL CONSERVATION DIVISION
APPROVED _____, 19____
BY _____
Orig. Signed by
Paul Kautz
Geologist
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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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	3-29-86	Date Compl. Ready to Prod.		10-17-86	Total Depth		11,890	P.B.T.D.	
Elevations (D.F., RKB, RT, CR, etc.)	3806 GR	Name of Producing Formation		Sturo/Devonian	Top Oil/Gas Pay		11,878	Tubing Depth	
Perforations	11,883 to 11,885 (8 holes)	TUBING, CASING, AND CEMENTING RECORD		DEPTH SET		SACKS CEMENT		450 SX	
HOLE SIZE	17-1/2	CASING & TUBING SIZE		13-3/8		348		1700 SX	
	11"			8-5/8		4608		325 SX	
	7-7/8			7"		10,391		170 SX	
	6"			5"		11,890		170 SX	

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	Gas-MCF	Actual Prod. During Test
	Oil-Bbls.	Water-Bbls.			

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MKCF	Gravity of Condensate		
Testing Method (piston, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size		