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 HOBBS OFFICE

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'v.
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Date Spudded	7-14-87	Date Compl. Ready to Prod.	11,933	Total Depth	P.B.T.D.	9689	Tubing Depth	9675	Depth Casing Shoe	11,892
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Elevations (D.F., RKB, RT, GR, etc.)	3804.6 GR	Name of Producing Formation	Bronco Wolfcamp	Top Oil/Gas Pay	9564	Tubing Depth	9675	Depth Casing Shoe	11,892
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Performances	9568, 70, 72, 74, 76 (10 holes)	TUBING, CASING, AND CEMENTING RECORD							
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HOLE SIZE	17-1/2	CASING & TUBING SIZE	13-3/8	360	425 SX	SACKS CEMENT
	12-1/4		9-5/8	4562	1700 SX	
	8-3/4		7"	11,892	300 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	Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
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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			

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS	
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Earl R. Bruno	
Address P. O. Box 590, Midland, TX 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
☐ New Well ☐ Recompletion ☒ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ 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. 2	Pool Name, including Formation Bronco Wolfcamp	Kind of Lease State, Federal or Fee	Fee	Lease No. NA
Location Unit Letter <u>H</u> ; <u>330</u> Feet From The <u>East</u> Line and <u>1650</u> Feet From The <u>North</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 ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Well temporarily abandoned.		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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	

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

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 SEP 10, 19 88
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.