Submit 5 Copies
Appropriate District Office
DISTRICT I 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 II P.O. Drawer DD, Artesia, NM 88210		Sant	P.O. I a Fe, New M	Box 2088 Mexico 8750)4-2088				
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQ	JEST FOI	R ALLOWA	BLE AND	AUTHORIZ	ZATION			
I.		TO THAI	SFORT OF	L AND IVA	1011/12 0/	Wall A	API No.		
Operator Earl R. Bruno	Co.				<u></u>	3,	0 625	<u>- 238</u>	52
Address P.O. Box 590 M	idland	. Texas	79702						
Reason(s) for Filing (Check proper box)	1414	, , , , , , ,		Oth	er (Please expla	in)			
New Well Recompletion Change in Operator	Oil Casinghe		ransporter of: Ory Gas Condensate						
16.1	1 R. E	runo P	.0. Box 5	90 Midlar	nd, Texas	79702			
II. DESCRIPTION OF WELL	ANDIE	ACE							
Lease Name State	AND DE	Well No. P	Pool Name, Inclu	1/110	Reef		of Lease Federal or Fee	I	280 No.
Location Unit Letter	; <u> </u>)31 <u>0</u> f	eet From The	outh Lin	e and33	<u> </u>	et From The	West	Line
Section Township	, 1-	1 C	Range 3/2		мрм,	Lea	3		County
00000				IDAL CAS					
III. DESIGNATION OF TRAN	SPURIT	or Condensa	ANDINATO	Address (Giv	e address to wh	ich approved	copy of this fo	orm is to be se	nt)
Name of Authorized Transporter of Oil	7			1 P.O. Bo	y: 2436	Abi	lene, T	<u> 796</u>	<u>04</u>
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)						74005			
If well produces oil or liquids, give location of tanks.	Unit	Sec. T	Nup. Rge 1751-365			When		0-71	
If this production is commingled with that f IV. COMPLETION DATA	rom any ot	her lease or po	ool, give commin	gling order dum	ber:				
Designate Type of Completion	· (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded		pl. Ready to P	rod.	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	(KB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas	Top Oil/Gas Pay		Tubing Depth			
Perforations	1						Depth Casin	g Shoe	
		TUBING. C	CASING ANI	CEMENTI	NG RECOR	D			
				DEPTH SET		SACKS CEMENT			
HOLE SIZE	-								
							1		

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 extend to an admissible equal to or extend to the state of				
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
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			<u> </u>

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 and complete to the best of my knowledge and belief.

19 fifth and combient to are corn or mil	
Rantu Brune	
Signature Randy Bruno	Prod. Mgr.
Printed Name 11/4/92	915/685-0113
Date	Telephone No.

OIL CONSERVATION DIVISION

dies allowable for this depth or he for full 24 hours.)

Date Approved Signed by Paul Kauta Geolog 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.