

District I  
PO Box 1900, Hobbs, NM 88241-1900  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Bravo Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
org, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Form C-104  
Revised February 10, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

|   |                                       |                        |
|---|---------------------------------------|------------------------|
| Operator name and Address<br>RALPH C. BRVTON<br>3500 ACOMA<br>HOBBS, NM 88290 |                                       | OGRID Number<br>018687 |
| API Number<br>30-025-03506  | Pool Name<br>EVMONT VATES 2 PWS QUEEN | Pool Code<br>22800     |
| Property Code<br>002289   | Property Name<br>ATLANTIC STATE       | Well Number<br>2       |

II. Surface Location

|                    |               |                 |              |         |                       |                       |                      |                     |               |
|--------------------|---------------|-----------------|--------------|---------|-----------------------|-----------------------|----------------------|---------------------|---------------|
| UL or lot no.<br>I | Section<br>25 | Township<br>21S | Range<br>35E | Lot Idn | Feet from the<br>1310 | North/South Line<br>S | Feet from the<br>330 | East/West line<br>E | County<br>LEA |
|--------------------|---------------|-----------------|--------------|---------|-----------------------|-----------------------|----------------------|---------------------|---------------|

Bottom Hole Location

|               |                       |                     |                     |                      |                       |                  |               |                |        |
|---------------|-----------------------|---------------------|---------------------|----------------------|-----------------------|------------------|---------------|----------------|--------|
| UL or lot no. | Section               | Township            | Range               | Lot Idn              | Feet from the         | North/South line | Feet from the | East/West line | County |
| 5             | P                     |                     |                     |                      |                       |                  |               |                |        |
| Lee Code      | Producing Method Code | Gas Connection Date | C-129 Permit Number | C-129 Effective Date | C-129 Expiration Date |                  |               |                |        |

III. Oil and Gas Transporters

|                   |  |         |     |                                    |
|-------------------|--|---------|-----|------------------------------------|
| Transporter OGRID | Transporter Name and Address                           | POD     | O/G | POD ULSTR Location and Description |
| 015694            | NAVAJO REFINING CO,<br>DRAWER 159<br>ARTESIA, NM 88210 | 0640210 | 0   |                                    |
| 09121             | GPM<br>4004 FENBROOK<br>ODESSA, TX 79762               | 0640230 | 6   |                                    |

IV. Produced Water

|                |                                    |
|----------------|------------------------------------|
| POD<br>0640250 | POD ULSTR Location and Description |
|----------------|------------------------------------|

V. Well Completion Data

|           |                      |           |              |              |
|-----------|----------------------|-----------|--------------|--------------|
| Spud Date | Ready Date           | TD        | FSTD         | Perforations |
| Hole Size | Casing & Tubing Size | Depth Set | Sacks Cement |              |
|           |                      |           |              |              |
|           |                      |           |              |              |
|           |                      |           |              |              |

VI. Well Test Data

|              |                   |           |             |               |               |
|--------------|-------------------|-----------|-------------|---------------|---------------|
| Date New Oil | Gas Delivery Date | Test Date | Test Length | Tag. Pressure | Cog. Pressure |
| Choke Size   | Oil               | Water     | Gas         | AOF           | Test Method   |

I hereby certify that the rules 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.

Signature: *Ralph C. Brvton*

Printed name: RALPH C. BRVTON

Title: OWNER

Date: 7-15-90

Phone: 305-38-0361

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY

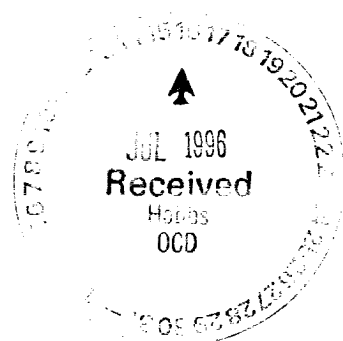
Title: GARY WINK  
FIELD REP. II

Approval Date:

JUL 24 1990

If this is a change of operator fill in the OGRID number and name of the previous operator

|                             |              |       |      |
|-----------------------------|--------------|-------|------|
| Previous Operator Signature | Printed Name | Title | Date |
|-----------------------------|--------------|-------|------|



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

|  |   |                                |
|--|---|--------------------------------|
| Operator<br>Ralph C. Bruton  |   | Well AFI No.<br>30-025-03526 ✓ |
| Address<br>3500 Acoma, Hobbs, NM 88240   |   |                                |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)                              |   |                                |
| New Well <input type="checkbox"/>  | Change in Transporter of:   |                                |
| Recompletion <input type="checkbox"/>  | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>               |                                |
| Change in Operator <input checked="" type="checkbox"/>   | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |                                |
| If change of operator give name and address of previous operator<br>Zia Energy, Inc. P. O. Box 2219, Hobbs, NM 88241 |   |                                |

### II. DESCRIPTION OF WELL AND LEASE

|   |               |   |  |                     |
|---|---------------|---|--|---------------------|
| Lease Name<br>Atlantic State  | Well No.<br>2 | Pool Name, Including Formation<br>Eumont Yates 7 Rivers Queen | Kind of Lease<br>State <del>XXXXXX</del> <del>XXXXXX</del> <del>XXXXXX</del> | Lease No.<br>B-1671 |
| Location<br>Unit Letter J : 1650 Feet From The East Line and 2310 Feet From The South Line<br>Section 25 Township 21 South Range 35 East , NM 11M, Lea 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"/><br>Texas New Mexico Pipeline Company | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 2528, Hobbs, NM 88240      |            |             |             |                                   |                     |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br>GPM Gas Corporation       | Address (Give address to which approved copy of this form is to be sent)<br>4004 Penbrook St., Odessa, TX 79762 |            |             |             |                                   |                     |
| If well produces oil or liquids, give location of tanks.  | Unit<br>P   | Sec.<br>25 | Twp.<br>21S | Rge.<br>35E | Is gas actually connected?<br>Yes | When?<br>July, 1977 |

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 (pilot, 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.

Signature Ralph C. Bruton Owner  
Printed Name Ralph C. Bruton Title  
12/1/92 505-397-7750  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved DEC 16 '92

By Paul Kanta  
Geologist

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.