IN	STATE OF NEW MEXICO IGY AND MINERALS DEPARIMENT OUTMINUTION AND A FE, NEW MEXICO 87501					Form C-104 Revised 10-1-78	
	CAND DEFICE CAND CONTER						
I.	OPERATOR PRUNATION OPPICE	AUTHORIZATION TO TRANSF	PORT OIL AND NAT	URAL GAS	· · · · · · · · · · · · · · · · · · ·		
	EARL R. BRUNO						
	P. O. Box 5456, Midland, Texas 79704						
	Reason(s) for filing (Check proper box) New Well Change in Transporter of:						
	Accompletion Oil X Dry Gos Effective date 5/1/84 Change in Ownership Casinghead Gas Condensate						
	If change of ownership give name						
	and address of previous owner						
	Lease Name	1 Eunice-Monume	•	Kind of Lease State, Føderal	or Fee	Lease No.	
	C. W. Marshall					· · · · · · · · · · · · · · · · · · ·	
	Unit Letter P ; 330 Feet From The South Line and 990 Feet From The East						
	Line of Section 11 T.	mahip <u>215 Range</u>	36E, NM	РМ, Цеа		County	
ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cli XX or Condensate Address (Give address to which approved copy of Condensate)				ed copy of this form is t	o be sentj	
	Pride Pipeline	P. O. Box 2436, Abilene, Texas 79604 Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transporter of Cas						
	If well produces oil or liquids, give location of tarks. M 12 215 36E Yes						
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: <u>COMPLETION DATA</u> <u>OU well</u> Gas well New Well Workover Deepen Plug Back Same Resty. Diff. Resty.						
	Designate Type of Completio	n - (X) Gas Well	New Well Workov	i Deepen i			
	Date Spuddød	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth		
	Perforations Depth Casing Shoe						
		CEMENTING REC			A		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH	SET	SACKS CEN		
				- <u></u>			
					·		
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours) OIL WELL [Producing Method (Flow, pump, gas lift, etc.)]						
	Date First New Oil Hun To Tanks	Date of Test	Producing Method (r	low, pump, gas tij	. e :c.)		
	Length of Teel	Tubing Pressure	Casing Preseute	-	Choke Size		
	Actual Prod. During Test	Cil-bale.	Water-Bbls.		Gas+MCF		
	L		.I.,		· · · ·		
	GAS WELL	Length of Test	Bble. Condensate/M	MCF	Gravity of Condensate	· · · · · · · · · · · · · · · · · · ·	
	Teeting Nethod (pitot, back pr.)	Tubing Presewe (Shat-in)	Casing Pressure (B)	nit-in)	Choke Size		
·1	CERTIFICATE OF COMPLIANC	ČE		CONSERVAT	ION DIVISION		
	Thereby certify that the rules and regulations of the Oll Conservation		APPROVED	SEP 101	984	19	
	I hereby certify that the rules and regulations of the Concentration Division have been complied with and that the information given above is true and complete to the beat of my knowledge and belief.		BY ORIGINAL SIGNED BY JERRY SECTON DISTANCT I SUPERVISIOR				
	· · · · · · · · · · · · · · · · · · ·		TITLE				
	Jan K	ŧI.	This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or despenses				
	(Signa	well, this form must be accompanied by a tabutation of the devices of the devices of the well in accompanies with NULE 111.					
	Operator (Tule)		able on new and	All sections of this form must be filled out completely for allow- ship on new and taxonpleted wells. Fill out only Sections I. II. III, and VI for changes of owner.			
	September 5, 1984 (Dute)		H H	Rep, or transpose	, iii, shi vi to the cr, or other such then , he filed for soch i		
			nempleted wells,	1799 - 172 - 173 - 1939 - 1939 - 1939 - 1939 - 1939 - 1939 - 1939 - 1939 - 1939 - 1939 - 1939 - 1939 - 1939 - 19			



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