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DISTRIBUTI	ON	
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U.S.G.S.		_
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		_
	-10-	

	DISTRIBUTION SANTA FE FILE	REQUEST F	INSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
!	U.S.G.S. LAND OFFICE TRANSPORTER GAS	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL G	AS			
1	OPERATOR PROPATION OFFICE						
 .	Operator Earl R. Bruno						
	Attress P. O. Box 5456, Midla	nd, Texas 79701					
	Reason(s) for filing (Check proper box)		Other (Please explain)				
	Recompletion $oxed{\mathbb{Z}}$ Change in Ownership $oxed{\mathbb{X}}$	Ori Dry Gas Casinghead Gas Condens	EFFECTIVE PAT 1, 19/1				
	If change of ownership give name and address of previous owner	Harold L. Runnels, P. (O. Box 937, Lovington, N	ew Mexico			
II.	DESCRIPTION OF WELL AND Lease Name	LEASE TA Well No. Pool Nam	e, Including Formation	Kind of Lease			
	C. W. Marshall	1 Eunio	ce Monumen t Grayburg	State, Federal or Fee Fee			
	Unit Letter P; 3	Feet From The South Line	and 990 Feet From T	ne <u>East</u>			
	Line of Section 11 , Tou	wr.ship 21S Range	36E , NMPM,	Lea County			
III.	DESIGNATION OF TRANSPOR' Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GAS or Condensate	S Address (Give address to which approv	ed copy of this form is to be sent)			
	Name of Authorized Transporter of Car		Address (Give address to which approv	ed copy of this form is to be sent)			
		Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n			
	it well produces oil or liquids, I nive location of tanks.		nine commingling ander number				
IV.	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool, a	New Weil Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completic	on – (X)	Total Depth	P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.					
	í'ool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations		Depth Casing Shoe				
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT			
v.	TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (Test must be at able for this de	pth or be for full 24 hours)	and must be equal to or exceed top allow-			
	Date First New Cri Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li)	(t, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Cii-Bbls.	Water-Bbls.	Gas • MCF			
	GAS WELL		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size			
VI	. CERTIFICATE OF COMPLIAN	CE		TION COMMISSION			
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED JUN 4	19				
			11159	PRICE			
	Carl Ma	Men D	The state of a sequent for allow	compliance with RULE 1104. wable for a newly drilled or deepened			
	,	nature)	well, this form must be accompanied tests taken on the well in acco	rdance with RULE 111.			
		itle)	able on new and recompleted w	ast be filled out completely for allowells. and VI only for changes of owner,			
	5/10/71	Date)	well name or number, or transpor	ter, or other such change of condition.			

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MAY 121971

OIL CONSERVATION COMM. HOBBS, N. M.

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OPERATOR			
PROBATION OFFICE			

	SANTA FE FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-116 Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (CAS	
	LAND OFFICE	AUTHORIZATION TO TRA	AND THE TOP OF THE TOP OF THE CONTROL OF THE CONTRO	3A3	
	OIL	1			
Ì	TRANSPORTER GAS				
	OPERATOR]			
1.	PRORATION OFFICE	<u> </u>			
	Operator	_			
	Harold L. Rum	iels			
	Address				
	Reason(s) for filing (Check proper box)	Lovington, New Mexico	Other (Please explain)		
	New Well	Change in Transporter of:	Omer (Frence explain)		
	Recompletion	Oil Dry Go			
	Change in Ownership	Casinghead Gas Conde	TEEnables Man	1, 1967	
	If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND 1		P. O. Box 1416, Roswell	. New Mexico	
	Lease Name	Well No. Pool Name, Including F	ormation Kind of Leas	e Lease No.	
	C. W. Marshall	L 1 Eunice Monume	nt Grayburg State, Federa	nl or Fee	
	Location				
	Unit Letter;;	330 Feet From The South Lir	ne and 990 Feet From	The East	
	11 _	. 910	245 2000 70-	Country	
	Line of Section 11 Tow	vnship 218 Range	36E , NMPM, Lea	County	
111	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	us · · · · · · ·		
111.	Name of Authorized Transporter of Oil Shell Pipe Lix	X or Condensate	Address (Give address to which appro Box 1910, Hidland, Te		
	Name of Authorized Transporter of Casinghead Gas or Dry Gas		Address (Give address to which approved copy of this form is to be sent) BOX 2105, Hobbs, New Mexico		
		Unit Sec. Twp. Rge.	Is gas actually connected? Wh		
	If well produces oil or liquids, give location of tanks.	Dint sec.	is gas actually commerced.		
					
		th that from any other lease or pool,	give comminging order number:	· · · · · · · · · · · · · · · · · · ·	
14.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
	Designate Type of Completic	$\mathbf{n} = (\mathbf{X})$			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
				make a David	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
		<u></u>		Depth Casing Shoe	
	Perforations			Dopui Gallin, and	
		D CEMENTING RECORD	<u> </u>		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	HOLE SIZE				
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	after recovery of total volume of load oil	and must be equal to or exceed top allow-	
	OIL WELL	dote for this di	epth or be for full 24 hours) Producing Method (Flow, pump, gas li	ift. etc.)	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas a	sje, 4 16./	
		Tubles Description	Casing Pressure	Choke Size	
	Length of Test	Tubing Preseure	Casing Prostate		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF	
	Moteur From Dainy 1991				
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
				Chaha Sina	
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size	
		<u> </u>			
VI.	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERV	ATION COMMISSION	

VI

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Agent, P. O. Box 5456, Midland, Texas

(Title)

(Date)

8/25/67

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.

This form is to be filed in compliance with RULE 1104.

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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OPERATOR			
PRORATION OFFICE			

8/15/67

(Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

•	U.S.G.S. LAND OFFICE I RANSPORTER GAS OPERATOR PRORATION OFFICE	AUTHORIZATION TO TRA	NSPORTABLL AND	NATURAL G	ÄS 7	
1.	Operator	a				
HAROLD L. RUNNELS Address						
	P. O. BOX 937, 1 Reason(s) for filing (Check proper box)	LOVINGTON, NEW MEXICO	Other (Pleas	e evolain)		
	New Well	Change in Transporter of:	<u>·</u>	c capium,		İ
	Recompletion	Oil Dry Gas		FECTIVE M	AY 1, 1967	1
	Change in Ownership	Casinghead Gas Conden	sate []			
	If change of ownership give name and address of previous owner	Sunray DX Oil Company,	P. O. Box 1416	, Roswell	, New Mexico	
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	segation.	Kind of Lease		Lease No.
	C. W. Marshall	1 Eunice Monumer		State, Federal	or Fee Fee	
	Location P 3:	30 Feet From The South Line	990	Feet From T	he East	
		mship 21-S Range 30	6 -E , _{NM!>k}	ı, L	ea	County
***	DESIGNATION OF TRANSPORT		2			-
111.	Name of Authorized Transporter of Oil		Address (Give address	to which approv	ed copy of this form is	to be sent)
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address	to which approv	ed 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 connec	ted? Whe	n	
	If this production is commingled with	h that from any other lease or pool,	give commingling orde	r number:		
14.	Designate Type of Completio	n - (X)	New Well Workover	Deepen	Plug Back Same Re	s'v. Diff. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	i	P.B.T.D.	- h
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
	Perforations		<u> </u>		Depth Casing Shoe	
		D CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S		SACKS CEI	MENT
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be af able for this de	ter recovery of total vol pth or be for full 24 how	· *)		exceed top allow-
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flo	w, pump, gas lift	i, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		Gas - MCF	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	OF .	Gravity of Condensate	•
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Sha	t-in)	Choke Size	
VI	CERTIFICATE OF COMPLIANCE		OIL_CONSERVATION COMMISSION			
V 1.	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED		>	. 19
	and the same of th	TITLE				
	Earl Bueni		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.			
	Agent					
	(Title)		able on new and r	ecombieted Me	44E+	

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.