DISTRIBUTION ANTA FE	i i	CONSERVATION COMMI ON T FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65	
LAND OFFICE TRANSPORTER OIL GAS OPERATOR	AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL	GAS	
Operator Earl R. Bruno Address				
P. O. Box 5456, Reason(s) for filing (Check proper b New We!: Recompletion Change in Ownership	Change in Transporter of: Oil Dry G	Other (Please explain)	, 1974	
If change of ownership give name and address of previous owner			······································	
Lease Name C. W. Marshall Location	O LEASE Well No. Pool Name, Including I 3 Eunice-Gr		Ledse No.	
7.2	Feet From The South in ownship 21S Range 3	ne and <u>330</u> Feet From 6E , NMPM, Lea		
III. DESIGNATION OF TRANSPORM Name of Authorized Transporter of C The Permian Corr Name of Authorized Transporter of C If well produces oil or liquids, give location of tanks. If this production is commingled w IV. COMPLETION DATA	or Condensate Ooration	Address (Give address to which appropriate P. O. Box 1183, Ho Address (Give address to which appropriate Address (Give address (Give address to which appropriate Address (Give address to which appropriate Address (Give	ouston, Texas 77001	
Designate Type of Complet	ion - (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	
HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST FOIL WELL Date First New Oil Run To Tanks	OII, WELL able for this de		and must be equal to or exceed top allow-	
Length of Teet	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF	
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MNCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	

VI. CERTIFICATE OF COMPLIANCE

5/29/74

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.

Emph	Bruno	
(C) (J-1).	(Signature)	
Owner	(518.12.2)	
	(Title)	

(Date)

OIL CONSERVATION COMMISSION

APPROVED_ _, 19 _ Orig. Signed by BY__ Joe 15 To

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. Sanarata Forms C-104 must be filed for each root in multiply

NEW MEXICO OIL CONSERVATION COMMISSIO. DISTRIBUTION Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE SANTA FE Effective 1-1-65 AND F.LE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS J.S.G.S. LAND OFFICE FOIL TRANSPORTER GAS OPERATOR PRORATION OFFICE EARL R. BRUNO P. O. Box 5456, Midland, Texas 79701 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter cf: New Well EFFECTIVE MAY 1, 1971 Dry Gas Oil Recompletion Casinghead Gas Condensate Change in Cwnership Harold L. Runnels, P. O. Box 937, Lovington, New Mexico If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Well Neg Pool Name, Including Formation Kind of Lease State, Federal or Fee Eunice Mercanet Grayburg C. W. Marshall Location West Feet From The South Line and _ ___ Feet From The _ 330 330 Unit Letter , NMPM, Lea 36E Range 21S 12 Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Cil X Box 1910, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent) Shell Pipe Line Corporation Name of Authorized Transporter of Casinghead Gas 🔀 💎 or Dry Gas 🗀 Box 2105, Hobbs, New Mexico Phillips Petroleum Company When Is gas actually connected? 'Age. Unit give location of tanks If this production is commingled with that from any other lease or pool, give commingling order number: Same Res'v. Diff. Res'v. IV. COMPLETION DATA Plug Back Gas Well Workover New Well Oil Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Choke Size Casing Pressure Tubing Pressure Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

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.

Individual

(Title) 5/10/71 ---(Date)

COMMISSION APPROVI BY. XEPERVISOR DISTRICT TITKE

Fee

County

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

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Separate Forms C-104 must be filed for each pool in multiply completed wells.

LE LESS

MAY 121971

OIL CONSERVATION COMM. HOBBS, N. M.

NO. OF COPIES REC	LIVED	İ	
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
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OPERATOR			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

l	FILE			AND	*. J.	
	U.S.G.S.		AUTHORIZATION TO TRAI	NSPORT OIL AND NATURA	T. B. Committee of the	
ļ	LAND OFFICE			~ · f	A 197	
Ī	TRANSPORTER OIL					
ļ	GAS					
	OPERATOR	-	}			
I.	PRORATION OFFICE Operator		<u></u>			
	Harold L. Runnels	3				
	Åddress					
	P. O. Box 937, Lo	vingt	on, New Mexico		i	
	Reason(s) for filing (Check pr			Other (Please explain)		
	New Well		Change in Transporter of:		i	
	Recompletion		Oil Dry Gas	= 1		
	Change in Ownership		Casinghead Gas Condens	sate Effective M	ву 1, 1967	
1						
	If change of ownership give and address of previous ow		Sunray DX 011 Company, H	2. 0. Box 1416, Roswe	11. New Mexico	
	and address of previous on					
II.	DESCRIPTION OF WELL	L AND	LEASE	177-17	ease [_ease No.	
	Lease Name		Well No. Pool Name, Including Fo		deral or Fee	
	C. W. Marshall		3 Runice Monumer	it Grayburg Side, Fe	Pee	
	Location					
	Unit Letter	, 3:	30 Feet From The South Line	e and 330 Feet Fr	om The West	
	•			66 m	Toe County	
	Line of Section 12	Tov	waship 21-5 Range	36-E , NMFM,	Lea County	
				~		
Ш.	DESIGNATION OF TRA	NSPORT	rer of oil and natural gas	Address (Give address to which a	pproved copy of this form is to be sent)	
	Shell Pipe Line C			Box 1910, Midland		
	Name of Authorized Transpor			Address (Give address to which a	pproved copy of this form is to be sent)	
	Phillips Petroleu			Box 2105, Hobbs, 1		
			Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	If well produces oil or liquidagive location of tanks.	s, , ,	SW 12 11 16	11 4		
	<u> </u>		<u> </u>	i a a a a a a a a a a a a a a a a a a a		
		ngled wit	th that from any other lease or pool,	give comminging order number:		
IV.	COMPLETION DATA		Oil Well Gas Well	New Well Workover Deeper	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of C	ompletic	on = (X)			
	Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Beie opusees					
	Elevations (DF, RKB, RT, G	R. 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	
				<u>j</u>		
V.	TEST DATA AND REQ	UEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load	i oil and must be equal to or exceed top allow-	
•	OIL WELL		dote for this de	pth or be for full 24 hours) Producing Method (Flow, pump, s	as life etc.)	
	Date First New Oil Run To	Tanks	Date of Test	Producing Method (1.10m, pamp) s	as 10,0, 0000,	
				Casing Pressure	Choke Size	
	Length of Test		Tubing Pressure	Costud Lises ma		
				Water - Bbls.	Gas - MCF	
	Actual Prod. During Test		Oil-Bble.	114161 - 22121		
			<u> </u>			
	Actual Prod. Test-MCF/D		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. 1001-MCF/D					
	Testing Method (pitot, back		Tubing Pressure (Shut-is)	Casing Pressure (Shut-in)	Choke Size	
	Testing Method (publ., back	p,				
	L,			OU CONSE	RVATION COMMISSION	
VI	CERTIFICATE OF CO	MPLIAN	CE	OIL CONTE		
	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		
				:::0		
			BY	EGHT		
				TITLE	OSCH J	
	<u> </u>	· •		TITLE		
	Agent- P. O. Box 5456, Midland, Texas 79701			This form is to be filed	in compliance with RULE 1104.	
				If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Agent- P. U. Box			All sections of this for	m must be filled out completely for allow-	
	(Title)			able 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.

(Date)

8/25/67