Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM \$\$240

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

## Energy, Minerals and Natural Resources Department

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

I	1(	O THANS	PORT OIL	ANUNAI	UNALGA	Well A	PI Na.		······	
Operator	30-025-09054-00									
Earl R. Bruno										
Address										
P. O. Drawer 590, Midla	and, TX	79702			e (Please expla			<u> </u>		
Reason(s) for Filing (Check proper box)	_				t (r ismie svije					
New Well		hange in Trai	· ·							
	Où									
Change in Operator	Casinghead		oden mie			<u></u>				
If change of operator give same ARCO	<u>0i1 and</u>	d Gas Co	<u>mpany, P</u> .	O. Box	<u>1610, Mi</u>	dland, I	<u>X 7970</u>	2		
IL DESCRIPTION OF WELL A	AND LEA	SE Par	Name, Includin	e Enemation		O Kind o	(Lease	Le	LSE NO.	
Lease Name Seven Rivers Queen Unit 10 Eunice Se				en Rivers-Queen 🔏 Sme, F			Federal or Fee			
	<u> </u>	10 1				<u>[~_1</u>		A		
Location				<b></b>	and 198	0 5.	t From The _	Fast	Line	
Unit Letter	:	Fe	t From The		and20	<u>v                                    </u>	a riom the _	<u></u>		
Section 27 Township	22 S	<b>D</b> -	age 36 E	N	APM.	Lea			County	
Section 27 Township	, 22 S	KA		, IN						
	CRADTER									
III. DESIGNATION OF TRAN	STUKIER	or Condensate		Address (Giv	e address to wi	hich approved	copy of this fo	xm is so be se	w)	
Name of Authorized Transporter of Oil				-						
Texas New Mexico Pipeline Co.					P.O. Box 2528, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be send)					
Name of Authonized Transporter of Casing	me of Authorized Transporter of Casinghead Gas $X$ or Dry Gas arren Petroleum + GPM + TEXACONEY P				39, Tulsa		1100 (CE	E BVCK	OF PAGE)	
		se in		is gas actually		When	113 990	1: 3/25	76.0	
If well produces oil or liquids, give location of tanks.	ו ד ו		2 36	Yes	,	i	Getty	<sup>ps</sup> 5/1/8	16/74 4	
					R66	53/R4671				
If this production is commingled with that I	nom any our	a terms or hoo	r' Eine oorienenen							
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	• <b>M</b>	IOT Mett		1 146m Hell	1	1		i	i	
		l. Ready to Pr	<u></u>	Total Depth	L		P.B.T.D.	A		
Date Spudded	Date Comp	. Kendy 10 Ph								
	ļ			Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pri	oducing Form								
				I			Depth Casin	g Shoe		
Perforations							.			
				CENENT	NG RECOR	0				
	TUBING, CASING AND			DEPTH SET			1 :	SACKS CEMENT		
HOLE SIZE CASING & TUBIN			NG SIZE							
	<u> </u>			<u> </u>			1			
						······································				
	TT FOR A	TIOWAR	IF	<u></u>			1			
V. TEST DATA AND REQUES OIL WELL (Test must be after )	SI FUK A		lood oil and mitt	be equal to a	exceed top al	iowable for th	s depth or be	for full 24 hou	rs.)	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Ter			Producing M	lethod (Flow, p	ump, gas lift,	etc.)			
Date First New Oil Run 10 Tank	Date of Tea	-								
Lund of Test	Tubing Pressure			Casing Pressure			Choke Size			
Length of Test	I TOUR LICERNE			· -						
The second secon	Oil - Bbls.			Water - Bola.			Gas- MCF			
Actual Prod. During Test	OU - DOIL									
GAS WELL				Bhle Conde	asate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Test			Bois. Concensus Martar						
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CO	NSERV	ATION	DIVISIO	ON	
I hereby certify that the rules and regulations of the Oil Conservation					•			0 2 '92		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							ULI	0 0 02		
is true and complete to the bear of my	) <b>1.000 x 0.50 a</b> 7		1		e Approv	ea				
Mat Man hall										
10 Minum				By.	ORIGINAL	SIGNED B	Y JERRY S	EXTON		
Signature ROBIDI MADSHALL					DE	STRICT I SU	PERVISOR			
Printed Name			Title	Trile	3					
8/27/92		685-	0//3							
Dute		Telep	hone No.							

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.

## OCD HOBBS CERINE

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