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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

1 121 11

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO TRAN	SPORT OIL	AND NA	TURAL GA	<u>IS</u>	API No.			
EARL R. BRUND COM							-025-09059-00		
Address Box 5	90 mil	LANC	) TE	KAS		02			
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator		ansporter of: ry Gas	Othe	er (Please expla		·			
If change of operator give name and address of previous operator	ARL R. BR	, סעט	P.O.BO	X 596	o $m$	DLAK	UD TO	EXAS	
II. DESCRIPTION OF WELL Leade Name SEVEN RIVERS QUEEN U	ing Formation VEN RIVE	es gueen		of Lease No. Federal of Fee					
Location Unit Letter	: 330 F	eet From The	but H Lim	and <u>330</u>	. Fe	et From The	EAS	Line	
Section 27 Townsh	ip 22.5 R	ange 36 <i>E</i>	, NI	мрм, С	EA			County	
III. DESIGNATION OF TRAI	or Condensal	•	Address (Giv.	e address to wh			F24D	eni)	
TEXAS NEW MEXICO Name of Authorized Transporter of Cash	nghead Gas 🔀 or	Dry Gas	Address (Give	28 Ho e address to wh				ent)	
Waitren Petroleum & SPM & Texaco & If well produces oil or liquids,   Unit 1000   Twp.   Rge give location of tanks.   F 34   1225   36 E			Is gas actually connected? When? TEXACO SPM WARREN 3				5-1- U 3-7-16-6		
If this production is commingled with that IV. COMPLETION DATA			ling order numb	жг: <u>2</u>	663/R	4671			
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Pr	od.	7 Depth			P.B.T.D.	<u> </u>		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top: DIVGas Pay			Tubing Depth				
Perforations			[	_ ·. ··· - · · · · · · · · · · · · · · ·		Depth Casing Shoe			
	TUBING C	ASING AND	CEMENTIN	NG RECORI	)		,		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET				SACKS CEMENT		
V. TEST DATA AND REQUE	ST FOR ALLOWAB	LE	<u> </u>		<u>:</u> _				
OIL WELL (Test must be after a Date First New Oil Run To Tank	recovery of total volume of l	oad oil and must	be equal to or Producing Me	exceed top allow thod (Flow, pur	wable for this np, gas lift, e	depth or be j	for full 24 how	·s.)	
Date File frew On Real to Table	Date of Year				Choke Size				
Length of Test	Tubing Pressure		Casing Pressure			CHOKE SIZE			
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF			
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regul  Division have been complied with and is true and complete to the best of my	ations of the Oil Conservation that the information given a	on .		OIL CON			DIVISIO	N	
Q & Shar				Date Approved					
Printed Name	) <u>ENGINEER</u> 15-685-0113	le	Title_	G	eolog				
11-0-14-71	U WUU UIIU		ł						

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.