Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1950, Hobbs, NM \$8240

"nergy, Minerals and Natural Resources Depart "int

Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.	Ţ	O TRA	NSP	ORT OIL	AND NA	UHAL G	Nell A	PI No.			
Operator Famil P. Rouno						30-025-09066-00					
Earl R. Bruno							1 30-	023-030	00-00		
Address	and TV	7070	12								
P. O. Drawer 590, Mid] Reason(s) for Filing (Check proper box)	allu. IA	79/1	12		Oth	x (Please expl	ain)				
New Well	(Change in	Transp	corter of:	_						
Recompletion	Oil		Dry C								
Change in Operator	Casinghead	Gas 🗌	Cond	name							
If change of operator give same and address of previous operator ARCO	0il an	d Gas	Com	pany. P	O. Box	1610, Mi	dland,]	X 7970	2		
IL DESCRIPTION OF WELL		Well No.	Pool 1	Name, Includir	ne Formation		O Kind o	(Lesse	Le	ase No.	
Seven Rivers Queen Uni	L L	14	Eun	ice Seve	en River	s-Queen,	So. State,	Federal or Fed	<u>- </u>		
Location						7					
Unit Letter N	. 660		Feat I	From The	South Lin	2 and	<u>0 </u>	t From The .	West	Line	
	00.0			26.5			اما			County	
Section 27 Township	, 22 S		Range	e 36 E	, NI	мрм,	Lea			County	
THE DESIGNATION OF TRANS	CD()DTTI	POFO	TT. A?	ND NATU	RAL GAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil											
Texas New Mexico Pipel	P.O. Box 2528, Hobbs, NM 88240										
Name of Authorized Transporter of Casing	thead Gas		or Dry Gas		Address (Give address to which approved			4102 (SEE BACK OF PAGE)			
Warren Petroleum 4-6/5		· ·		EFP			a, UK /	• Warre	p: 3/25	01 17dL)	
If well produces oil or liquids, give location of tanks.	Unit	Sec. '	1 Т мр 1 22		Yes	y connected?	j waca	, RBffð	n: 3/35 ips:5/1/8	346//4	
If this production is commingled with that if	<u> </u>					R66	3/R4671				
IV. COMPLETION DATA	HOID EDY OUR	A KEEK OI	,, ₁	p. 6 00		<u>1.09</u>	<u> </u>				
		Oil Well		Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'y	Diff Res'v	
Designate Type of Completion		<u>i </u>	L		1	<u> </u>	<u> </u>		l	J	
Date Spudded	Date Comp	i. Ready k	o Prod.		Total Depth			P.B.T.D.			
	- CB	- A E			Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				J9				Turning Sopti			
Perforations					1			Depth Casir	ng Shoe		
TUBING, CASING AND					CEMENTING RECORD						
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
					ļ						
	 				 						
	 				 						
V. TEST DATA AND REQUES	ST FOR A	LLOW	ABL	Ē	l						
OIL WELL (Test must be after r	ecovery of 10	ial volume	of loa	d oil and must	be equal to o	exceed top al	lowable for thi	depth or be	for full 24 hou	rs.)	
OIL WELL (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 hour Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)											
	Tubing Pressure				2 2			Choke Size			
Length of Test					Casing Pressure						
	O'I Phi	O'I Bhi				Water - Bbis.			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.										
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	g Method (pitot, back pr.) Tubing Pressure (Shit-in)					nie (Shut-ia)		Choke Size	:		
					٠		<u> </u>	<u> </u>			
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above								, , , , , , , ,			
is true and complete to the best of my knowledge and belief.					Date	e Approv	ad	SEP 0	2 '92		
17/2/1/1					Dal	e whhina				<u>-</u>	
Mit Mushell					By_	OBION	N 01-1				
Signature Port Gat Marchan 1/P					"-		NE SIGNED	BY JERRY	SEXTON		
Printed Name					Title			UPEKVISO	'К		
8/27/92		6	85	-01/3	''''	·					
Date		Te	lephon	e 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 1, 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.

RECEIVED AUG 3 1 1997

QCD H093\$ #777