Suberat 5 Corpos Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM \$8240

DISTRICT B P.O. Draww DD, Artenia, NM \$8210

"nergy, Minerals and Natural Resources Department

eviced 1-1-89 re Instructions Bottom of Page

Revis

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L	•	TO TRA	<u>ANSP</u>	PORT OIL	AND NAT	URAL G	45	Well A	PI No			
Operator									025-091	41-00		
Earl R. Bruno											. <u>.</u>	
P. 0. Drawer <u>590, Midl</u>	and T	v 707	02									
Resson(s) for Filing (Check proper box)	anu. L	<u></u>	<u>uc</u>		Outre	x (Please expl	ais)					
New Well		Change is	Тлая	porter of:								
Recompletion	Oil		Dry	_								
Change is Operator	Casinghea	d Gas	Cond									
f change of operator give same ARCC	0il an	nd Gas	Con	ipany, P	<u>0. Box</u>	<u>1610, Mi</u>	dla	nd.,_]	<u>X 7970</u>	2		
L DESCRIPTION OF WELL AND LEASE Vell No. Pool Name, Includin						ne Formation () Kind of				Lesse Lesse No.		
Seven Rivers Queen Unit			Eur	ice Sev	en Rivers-Queen,		Åo.	Sale, Federal or Fe				
Location						ا ،		-	et From The .	West	Line	
Unit Letter	_ :198	0	_ Feat	From The _S	outh_Lin	e and _000_		Fe	et From The.	nese		
Section 34 Townshi	22	S	Rang	• 36 E	, NI	MPM,	Lea				County	
II. DESIGNATION OF TRAN	SPODTE	D 05 0			RAL GAS							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Coode	assie		Address (Giv	e address 10 w					int)	
Texas New Mexico Pipel	ine Co			نـــا		ox 2528,						
Name of Authorized Transporter of Casing	ghead Gas			ry Gas 🗖		e editress to w						
Warren Petroleum $4G/$	<u>M+10</u>	Xaci	<u>E</u>	<u>+}</u>			a,			ren: 3/	<u>OF PAGE)</u> 25/60	
If well produces oil or liquids,	Unit	Sec.	Twp	Rge	is gas actual	y connected?		When	, nar Phj]]ips://	3/16/74	
pive location of tasks.		34	122	36			R66	1 3/R46		ty:'_5/1	/84	
If this production is commingled with that IV. COMPLETION DATA	from any ou	her lease of	r pool, ;	live community	THE OLDER BOTH	Der:	1100.	5/1(40	<u>/ 1</u>	<u> </u>		
Designate Type of Completion	- 00	Oil We		Gas Well	New Well	Workover	D	ecpen	Plug Back	Same Res'V	Diff Res'v	
Date Spudded		pl. Ready	lo Prod		Total Depth	<u>I</u>			P.B.T.D.	1		
Devations (DF, RKB, RT, GR, alc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforacions	<u> </u>				<u></u>				Depth Casi	ng Shoe		
					CEMENTING RECORD				SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SHORE OCHEIT					
									1			
					1							
										. <u> </u>		
V. TEST DATA AND REQUE	ST FOR	ALLOY	ABL	E							1	
OIL WELL (Test must be after	recovery of l	iotal volum	e of loc	id oil and mis	i be equal to a	exceed top el	lowab	le for thi	s depth or be	jor juli 24 Noi	#3 .)	
Date First New Oil Run To Tank	Date of T	ett			Producing M	lethod (Flow, p	жтүр, (lat iht i	NC.)			
Length of Test	Tubing P	Tubing Pressure				Casing Pressure				Choke Size		
	4 During Test				Water - Bola				Gas- MCF			
huml Prod. During Test Oil - Bbls.												
GAS WELL										A		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensals			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-m)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFIC		F COM	PLL	ANCE	1				ATION			
I bereby certify that the rules and regu	dations of th	e Oil Con	ervatio	8			CN					
Division have been complied with and that the information gives above is true and complete to sig best of any knowledge and belief.							I		SEP	02'92	-	
I UNE ADD COMPICE IO FIE DER OF DI			•		Dat	e Approv	ed.		<u> </u>	<u></u>		
///it/Mi	h	11							V ICBDV C	EVTON		
Signature	M. n.a.	<u>×</u>	1	10	By_	ORIGINAL	STPIC	NED B	T JEXRY S	EATUN		
ROBERT TITRESHALL VP						DISTRICT I SUPERVISOR						
Pristed Name /27/92		1	سر کر	-0113	Title)					. <u> </u>	
Date		T	elephon	n Na.								
											_	

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, 11, 111, 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.

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