Submit 5 Copies
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

1 111 110

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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	TOTRA	NSPORT OI	L AND NA	TURAL GA	45	7 K			
Operator EARL R.	BRUND				11 API No. 20-025-09149-00				
Address Box 5	90 mi	DLANC) TE	XAS	797	02			
Reason(s) for Filing (Check proper box)	Change in	Transporter of:	∐ Օսհ	er (Please expl	in)				
Recompletion United States Change in Operator	Oil Casinghead Gas	Dry Gas Condensate	<u> </u>						
f change of operator give name and address of previous operator	ARL R. B.	RUNO	P.O.BO	X 590	0. M	INLAK	<i>JD</i>	IEXAS	
I. DESCRIPTION OF WELI Lease Name	Well No.	Pool Name, Include EUNICE SE		OC BUKEN	Ctata	of Lease Federal of Fe		Lease No.	
SEVEN RIVERS QUEEN I Location Unit Letter	1980	Feet From The				et From The .	EA	Line	
Section 34 Towns	hip 225	Range 36	E, N	мрм,	LEX	2		County	
III. DESIGNATION OF TRA			RAL GAS						
Name of Authorized Transporter of Oil or Condensate TEXAS NEW MEXICO PIPELINE COMPANY Name of Authorized Transporter of Casinghead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent) BOX 2528 HOBBS NM 8824D Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Case Warren Petroleum	inghead Gas S FGPM F. Tex	1000 ESP	tre		21	، ۾ ڇو تي			
If well produces oil or liquids, ive location of tanks.	Unit Sec. 34	1Wp. Kga. 225 36 E	yES		i	TEXALU GPM WARREN	.7-	1-84 6-74	
this production is commingled with the V. COMPLETION DATA		····			663/R	467/	10 0	- Die n	
Designate Type of Completion	n - (X)	Gas Well	New Well	, Workover	Deepen	Plug Back	Same Rei	'v Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	Top Oil/Gas Pay			Tubing Depth				
erforations				- 	· · · · · · · · · · · · · · · · · · ·	Depth Casin	Shoe		
		CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
. TEST DATA AND REQUE	ST FOR ALLOWA	BLE			•				
	recovery of total volume of	of load oil and must					or full 24 I	nows.)	
tale First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, e			Choke Size				
ength of Test	Tubing Pressure	Casing Pressure							
ctual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF			
GAS WELL	U and the desire		Ibble Condon			Cavity of C	ndens:		
ctual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pitos, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFIC I hereby certify that the rules and regul	lations of the Oil Conserva	ition .	0	IL CON	SERVA			ON	
Division have been complied with and is true and complete to the best of my		above .	Date	Approved		JAN 1	1 1000		
A & Sun				Date Approved					
Signature J GRAY	ENGINEZ,		By			PERVISOR			
Printed Name 11-2-92 Date	15-685-0113	Title	Title_	•	<u>-</u>				

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.

Telephone No.

- 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.