Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator				Well A	PI No.		
Earl R. Bruno				30-	025-09149 -	00	
Address							
P. O. Drawer 590, Midl	and, TX 797	'02					
Resson(s) for Filing (Check proper box)			Other (Pleas	e explain)			
New Well	·	a Transporter of:					
Recompletion		Dry Cas					
Change in Operator X	Casinghead Gas	Condensate					
of change of operator give same ARCO	Oil and Gas	Company. P.	0. Box 1610	Midland]	X 79702		
		<u> </u>					
IL DESCRIPTION OF WELL		Tes 151 11141	- Francisco	O Vinda	(Lease	Lease No.	
Lease Name	t 26	11200	_	V	Federal or Fee		
Seven Rivers Queen Uni	1 20	Lunice Sev	<u>en Rivers-Qu</u>	een po			
Location	1000	M.		cco : _	et From TheE	ast Line	
Unit Letter _# H	: 1980	_ Feet From The	orth_Line and _	DOU P	arromine	LISC LIBE	
Section 34 Township	22 S	Range 36 E	, NMPM.	Lea		County	
Section 3-4 Township	, 22 5	Kange Oo L	1.3				
III. DESIGNATION OF TRANS	SPORTER OF C	OIL AND NATU	RAL GAS				
Name of Authorized Transporter of Oil	or Conde		Address (Give addres			is to be sent)	
Texas New Mexico Pipel		L		28, Hobbs,			
Name of Authorized Transporter of Casing	head Gas	or Dry Gas	Address (Give addres		_	- 1	
Warren Petroleum + 6/2	4 + Texace					BACK OF PAGE)	
If well produces oil or liquids,	Unit Sec.		ls gas actually connec	sed? When	<pre>varren: Phillips</pre>	3/25/60 5/1784	
give location of tanks.	I 34	<u> 22 36</u>	Yes	D66.	Getty:' 3/R4671	5/1/84	
If this production is commingled with that f	from any other lease o	r pool, give comming!	ing order number:	KOO.	5/ K40/ I		
IV. COMPLETION DATA	10171	II Gas Well	New Well Works	over Deepea	Plug Back San	ne Res'v Diff Res'v	
Designate Type of Completion	- <i>(</i> 20) 1	I Gas Wen	i usa meni morri	orez Doepes	l ling bear look		
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		P.B.T.D.		
Date Spanner	Date Comparison,						
Elevations (DF, RKB, RT, GR, stc.) Name of Producing Formation		Formation	Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing Sh	œ	
					1		
TUBING, CASING AND					CACYC CENEUE		
HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	<u> </u>				 		
	 						
							
V. TEST DATA AND REQUES	T FOR ALLOY	VABLE	J				
OIL WELL. (Test must be after recovery of total volume of load oil and must be equ				equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank Date of Test			Producing Method (Flow, pump, gas lift, etc.)				
Length of Test Tubing Pressure			Casing Pressure		Choke Size		
				Gas- MCF			
Actual Prod. During Test	Oil - Bbis.		Water - Bbis.		GEF MCF		
					<u> </u>		
GAS WELL							
Actual Frod. Test - MCF/D Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate			
				Chara Sign	Choke Size		
Testing Method (pitot, back pr.)	Tubing Pressure (St	nut-in)	Casing Pressure (Shi	E-(B)	Choice Size		
			\		<u> </u>		
VI. OPERATOR CERTIFIC	LATE OF COM	IPLIANCE		CONSERV	ATION DI	VISION	
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION			
Division have been complied with and that the information given above is true and complete to the begt of my knowledge and belief.					SEP 0 2 '92		
be true and complete to the best of my blowledge and bester. Date Approved							
///J /// And							
5	By ORI	ORIGINAL SIGNED BY JERRY SEXTON					
KOBERT MARSHAN VI				DISTRICT I SUPERVISOR			
Printed Name	Title		. <u>.</u>	······································			
8/27/92	60	Silvers of					
Date	T	'elephone No.	11				
·							

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.