Suberts 5 Copies Appropriate District Office <u>DISTRICT 3</u> P.O. Box 1980, Hobbs, NM \$8240

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

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

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Revised 1-1-89 See Instruction at Bottom of Pr

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REQUEST FOR ALLOWABLE AND AUTHORIZATION IDAL CAS

	T	O THA	NSP	ORT OIL	ANU NA	TURAL GA	43	Well A	PINa	V		
Operator								4)25-0910	51-00		
Earl R. Bruno												
Address		7070	12									
P. O. Drawer 590, Midl. Resson(s) for Filing (Check proper box)			12		Oth	et (Please expl	ain)					
New Well	(Change in	Тлая	conter of:	—							
Recompletion	Oü		Dry G	a U								
Change in Operator	Casinghead	Gas 🗌	Coode									
f change of operator give name ABCO	Oil an	d Gas	Com	panv. P	0. Box	<u>1610, Mi</u>	dla	nd,]	<u>x 797(</u>	2		
								,				
IL DESCRIPTION OF WELL		SE	Beel 1	Name, Includia	e Formation		0	Kind c	Lease	L	ase No.	
Lease Name Seven Rivers Queen Uni		Well No. 30	Eur	nice Sev	en Rive	rs-Queen	So.		Federal or Fe			
	<u> </u>		L			1	<u> </u>			A		
	. 2310	า	-		outh ta	e and660_		5.	et From The	West	Line	
Unit Letter	:		reali	PTOED 104								
Section 35 Township	, 22 9	S	Rang	• <u>36 E</u>	,N	MPM,	Lea				County	
III. DESIGNATION OF TRAN	SPORTE	or Conden	[<u>L A</u>]	ND NATU	RAL GAS				come of this !	here is to be a		
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240											
Texas New Mexico Pipeline Co.						Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casing	CXaço E+P							4102 (SEE BACK OF PAGE)				
Warren Petroleum $4G$		Char Sec.	Twp			ly connected?	<u>u</u> ,	When	9 Warr	en: 3/2	5/60	
Y well produces oil or liquids, rive location of tanks.	loar I	34	1 22	36		-,		i	Phil Gett	en: 3/2 lips:3/ v: 5/1/	5/60 716/74 84	
If this production is commingled with that i	Trom any othe				<u> </u>	aber: R	663,	/R467				
IV. COMPLETION DATA					-							
		Oil Well		Gas Well	New Well	Workover	II	Deepen	Plug Back	Same Res V	Diff Res'v	
Designate Type of Completion		1				1					1	
Date Spudded	Date Comp	L. Ready K	o Prod.		Total Depth				P.B.T.D.			
	<u></u>				Top Oil/Gas Pay			Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation				······································				traing beha		
Performisons					<u> </u>		-	*****	Depth Casi	ng Shoe		
	Т	UBING,	CAS	SING AND	CEMENT	ING RECOI	RD					
HOLE SIZE CASIN			NG & TUBING SIZE			DEPTH SET			SACKS CEMENT			
					ļ				+			
					┼───				+			
	<u></u>				<u> </u>				+	<u> </u>		
V. TEST DATA AND REQUES	T FOP		ABL	<u>F</u>	<u> </u>							
OIL WELL (Test must be after 1		al volume	of loa	e oil and mus	the equal to a	or caceed top el	Iowal	le for thi	is depth or be	for full 24 hos	rs.)	
Date First New Oil Run To Tank	Date of Ter				Producing I	Method (Flow, p	рытур,	gas lift, i	nc.)			
									Choke Size			
Length of Test	Tubing Pre	bing Pressure				Casing Pressure				CBOKE SIZE		
					D.				Gas- MCF		·····	
Actual Prod. During Test	Oil - Bbls.	il - Bbls.				Water - Bola.						
GAS WELL									Constant	Condenatio		
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbis. Condensate/MMCF				Gravity of Condensate		
				Casing Pressure (Shut-in)				Choke Siz	Choke Size			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-m)			Cating Pressure (Serie-III)								
			T 17 T	NCE	-\r							
VL OPERATOR CERTIFIC	ALEOR					OIL CO	NS	ERV	ATION	DIVISK	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above										0.0.100	-	
is true and complete to the best of my knowledge and belief.					Da	te Approv	ed		<u>SEP</u>	02'92		
11-m	/	11										
/ut m	now	<u>er</u>			B.				BY JERRY			
Signature Doblan MARCHARL VP						ByBISTRIGT I SUPERVISOR						
ROBERTI III	TRATI	1 cc	Tit	•		e						
8/27/92		68	J-	0113		▼						
Deta		Te	lephor	e No.								
					ويتقاطع أشتر							

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.

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2) All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.

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