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

Energy, Minerals and Natural Resources Department

Revised 1-1-89

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

L. Operator		TO TRAI	NSPORT OIL	AND NA	TURAL GA					
Earl R. Bruno							D-025-09212-00			
Address							0 020 03	7212 00		
P. O. Drawer 590, Mid Research for Filing (Check proper box)	and. IX	7970	2	- C1	(01 1					
New Well		Change in 1	Transporter of:		es (Piease expis	w.				
Recompletion	Oil	~ _	Dry Gas							
Change in Operator	Casinghead	Gas 🔲 (Condensate	·						
If change of operator give name and address of previous operator ARCC	<u>) Oil an</u>	d Gas	Company. P	O. Box	1610, Mi	dland,	TX 7970	12		
IL DESCRIPTION OF WELL										
Seven Rivers Queen Unit Well No. Pool Name, Include 44 Mattix Se							of Lease No. Federal or Fee			
Location								~ ~`		
Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line										
Section 2 Township	23 S	<u> </u>	Range 36 E	, NI	MPM, I	_ea			County	
III DECICNATION OF TRAN	CDARTE	000		DAI 646	Q10-	-ji	2. 26	<i>[</i> [†]		
Mame of Authorized Transporter of Oil To or Condensate Address (Give address to which approved copy of this form is to be sent)										
Texas New Mexico Pine	P.O. Box 2528, Hobbs, NM 88240									
Name of Authorized Transporter of Pasinohead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent)					erd)	
If well produces oil or liquids.	7	KITU'N Sec.	Top Re	4001 Penbrook, Odessa, TX 79760 Is gas actually connected? When? Phillips: 3/18/74						
rive location of tanks.	I	34 - 1	22 36	Yes			. Philli	ps: 3/.	18/74	
If this production is commingled with that it IV. COMPLETION DATA	ing order number: R663/R4671									
Designate Type of Completion	- 00	Oil Well	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
		Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Daking Dank			
							Tubing Depth			
Perforations							Depth Casing Shoe			
TUBING, CASING AND				CEMENTI)				
HOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE				<u> </u>			
OIL WELL (Test must be after re				be equal to or	exceed top allo	wable for this	depth or be f	or 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 fiell 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 Pressu	R		Choke Size			
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.			Gas- MCF			
GAS WELL										
Actual Frod. Test - MCF/D	Leagth of To	<u> </u>		Bbls. Condensate/MMCF			Gravity of Condensate			
Tubing Method (size hash as)										
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VL OPERATOR CERTIFICA	ATE OF	COMPL	IANCE	ر ا) CC> '	SERVA	TION			
I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above				OIL COMBERVATION DIVISION SEP 0 3 '92						
is true and complete to the best of my knowledge and belief.				Date	Approv:		3EP () o '92		
Met Mu		• •								
Signature PORGOT MARINE				By ORIGINAL SIGNED BY JERRY SEXTON BISTRICT I SUPERVISOR						
Printed Name 7 / Title						oraci i Si	urek visor	(
8/27/92		285-	0/13	Title_						
Deta		Teleph	one No.				<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.
- 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.