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SHALE UN INCH ITICARU Enc Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Openior Earl R. Bruno							30-0	pi na 125-0924	8-00		
Address							·				
P. O. Drawer 590, Midl Resect(s) for Filing (Check proper box)	and. I)	797	02		Othe	z (Please expla	uin)				
lew Well		Change in	Transp	orter of:			•				
Recompletion	Oil	_	Dry G	a. 🗆							
Change in Operator	Caninghea	d Gas 📗	Conde	2006	<u></u>						
change of operator give name ARCO	Oil ar	<u>nd Gas</u>	Com	pany. P	O. Box	1610. Mi	dland, I	X 7970	2		
L DESCRIPTION OF WELL	AND LEA	ASE	\mathcal{Q}	almai	+ T-y	SR					
Lease Name (3) Sinclair State	Well No. Poel Name, Including 3 Seven Rive			g Formation		Kind of Lease No. State, Federal or Fee					
Location			1			·			_1		
Unit Letter	:330		. Feet F	TOER The N	orth_Lim	330	Fo	t From The .	West	Line	
e vi 2 Tomodii	23 S		Descri	36 E	N	MPML	Lea			County	
Section 3 Township	<u> </u>	<u>. </u>	KAUK	; <u>50 L</u>		· · · · · · · · · · · · · · · · · · ·					
II. DESIGNATION OF TRAN	RAL GAS Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Oil or Condensate					Lord force of the order of the need only at many large and an analy						
Name of Authorized Transporter of Casing Warren Fet	thead Gas	nead Gas 🔀 or Dry Gas 🗀			Address (Give address to which approved			copy of this form is to be sent)			
If well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp	Rge.	is gas actually connected? When			7			
this production is commingled with that	from may ou	er lease or	pool, g	ive comming!	ing order num	ber:					
V. COMPLETION DATA		Oil Wel		Gas Well	New Well	Workover	Doepea	Plug Back	Same Res'y	Diff Res'v	
Designate Type of Completion	- (X)	1			i	İ	<u> </u>		<u>i</u>	<u>i</u>	
nte Spudded Date Compt. Ready to Prod.					Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					1		Depth Casi	Depth Casing Shoe			
		TUBING	, CAS	ING AND	CEMENTI	NG RECOR	D.	<u>.</u>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
U man big in the profile	CT FOR	<u> </u>	7 A 10 1 1		<u> </u>			<u> </u>			
V. TEST DATA AND REQUE OIL WELL (Test must be after to	recovery of F	ALLUV Iolal volum	of load	c. d oil and must	be equal to o	exceed top all	owable for thi	s depth or be	for full 24 hou	73.)	
Date First New Oil Run To Tank	Date of To		·		Producing M	ethod (Flow, p	ump, gas lift, i	ntc.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
					Water - Bbis.			Gas- MCF			
Actual Prod. During Test	Oil - Bbla	L						<u> </u>			
GAS WELL									C	· · · · · · · · · · · · · · · · · · ·	
Actual Frod. Test - MCF/D	Leagth of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-sa)				Casing Pressure (Shut-ia)			Choke Size			
VI. OPERATOR CERTIFIC	CATEO	F COM	PLL	NCE		011 001	UCED!	ATION	DIVICI	DA 1	
I hereby certify that the rules and regu Division have been cornelled with and	ulations of th I that the inf	e Oil Cons ormation g	ervatica ivez abi	•		OIL COI	49EHV		אפועוט 3 '92	JIY .	
is true and complete to the best of my	knowledge	and belief.	11		Dat	e Approve	∌d	3 L F	υ υ <u>υ</u> υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ υ		
MAHAI	Ky	hel		<u> </u>	By.	ORIGI	NAL SIRNE	<u>n av</u> jeda	Y SEXTON		
	exshel	//	/	<u> P</u>			DISTRICT				
Printed Name 08/27/92	<u> </u>		5-0	7/13	Title]		·		·	
Data		1		- :	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.