Suomit 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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088

I.	REQUEST FOR ALLOW	'ABLE AND AUTHORIZATIC DIL AND NATURAL GAS	N ' 1911'
Operator P P P P	BRUND CO	00	Veil API No. 30-025-28/23-00
Address Box	90 millAN	N TEXAS 79	702
Reason(s) for Filing (Check proper box, New Well Recompletion	Change in Transporter of: Oil Dry Gas	Other (Please explain)	
Change in Operator	Casinghead Gas Condensate	]	
If change of operator give name and address of previous operator	ARL R. BRUNO	P.O. BOX 590	MIDLAND TEXAS
II. DESCRIPTION OF WELL	Well No. Pool Name, Inc.	luding Formation K	ind of Lease No.
SEVEN RIVERS QUEEN I	UNIT 6/ EUNICE S	SEVEN RIVERS QUEEN SOUTH	tate, Federal of Fee
· Unit Letter	: 2440 Feet From The	NONTH Line and 2435	
Section 34 Towns	ship ZZS Range 36	IE, NMPM, LEX	County
III. DESIGNATION OF TRA	NSPORTER OF OIL AND NAT	TURAL GAS  Address (Give address to which appro	oved come of this form is to be sent
TEXAS NEW MEXICO	PIPELINE COMPAN)	V BOX 2528 HOBBS	NM 88240
Name of Authorized Transporter of Casi Wasren Petroleum	inghead Gas or Dry Gas (46PM & Texaco & G	Address (Give address to which appro	
If well produces oil or liquids, give location of tanks.	Unit	ge. is gas actually connected? W	Then ? TEXALO 5-1-84  SPM WARREN 3-16-74  WARREN 3-25-60
If this production is commingled with the IV. COMPLETION DATA	at from any other lease or pool, give commi	ngling order number: 2663/	/R 4671
Designate Type of Completion	n - (X) Oil Well Gas Well	i i i	en Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. 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			Depth Casing Shoe
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TOBING SIZE	DEFIN GET	SAONS CEMENT
V. TEST DATA AND REQUE			
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total volume of load oil and mu Date of Test	Producing Method (Flow, pump, gas ly	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
CACMELL			
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFIC	LATE OF COMPLIANCE	OIL CONCERN	ATION DIVISION
I hereby certify that the rules and regularized Division have been complied with and	that the information given above	OIL CONSERV	VATION DIVISION
is true and complete to the best of my i	mowledge and belief.	Date Approved	The La rock
Signature 2001		By ORIGINAL SIGNED BY JERRY SEXTON	
Printed Name	Title 15-685-0113	Title	SUPERVISOR
11-2-92 91	1) - 6X.1 -0//.1	11	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.