Submit 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

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, Anesia, NM 88210

1000 All Blazza Rai, Jazzo, Illia et vie	REQU	JEST FO	OR AL	LOWAL	BLE AND	AUTHOR	ZATION				
I.	٦	TO TO 4	NICO	PRT OIL	AND NA	ATURAL GA	45 1 Wait	API No.	<u> </u>		
Operat FERMIAN RESOL	RCES I	INC.,	DBA	Permia	an Partr	ners, Inc		7-025	5-2868	400	
									ι μοφο	7 00	
Address P. O. Box 590	,	Midland	4 TA	vac 7	0702						
Reason(s) for Filing (Check proper box)	<u></u>	<u> 1101an</u>	كالحة	X45	7/W A	her (Please expli	ain)				
New Well		Change in	Тгальро	rter of:	_						
Recompletion	Oil		Dry Ga	. 📙							
Change in Operator	Casinghead	d Gas	Conden	sate							
If change of operator give name and address of previous operator Earl	R. Bru	ıno		P	O. Box	x 590	Midlar	nd, IX	79702		
II. DESCRIPTION OF WELL											
Lease Name	ng Formation Kind o			(Lease No.							
Seven Rivers Queen Un	it	63	Lun	ιει Sev e	en River	<u>rs Oueen :</u>	South Sine,	Federal or Fe	<u> </u>		
Location /	1:	2 2 5		C	·	/2	10		11)00	1	
Unit Letter	_ :/ _	<u> </u>	Feel Fro	om The	rith 1	ne and _/	/ Fe	et From The.	<i>UGG</i>	Line Line	
34	. 225		Range	:	36E .1	VMPM,	Lea	l		County	
Section Township	, 225		Kange			<u> </u>					
M. DESIGNATION OF TRAN	SPORTE	R OF O	LAN	D NATU	RAL GAS			Calin			
Name of Authorized Transporter of Oil or Condensate						ive daaress to wi			orm is to ut se	nu)	
Texas New Mexico Pipeline Company						2528 Hot	DS, NM	copy of this form is to be sent)			
Name of Authorized Transporter of Casing Warren Petroleum & GPI	inead Gas M. & Tex	aco E&			7,00,00						
If well produces oil or liquids,			Twp.	Rge.	ls gas actus	lly connected?	When	GPM	o 5/1/84 3/16/7		
give location of tanks.	I	34	22S	1 36E	Yes_	D. CC2	(D. 4671		n 3/25/6		
If this production is commingled with that i	from any other	er lease or j	oool, giv	e commingl	ing order nur	nber: K- <u>663</u>	/R-46/I		0, 20, 0		
IV. COMPLETION DATA		Oil Well		Jas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	I wen	i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	İ	i	İ.,	Ĺ	<u>.</u>	1	
Date Spudded	Date Comp	I. Ready to	Prod.		Total Depth			P.B.T.D.			
· ·					Top Oil/Gas	Day	····	T. L. D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					100 0.0001			Tubing Depth			
Perforations								Depth Casing Shoe			
renorations											
TUBING, CASING AND					CEMENT	ING RECOR	D	<u>, </u>	DAGUG OF UTUT		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
	 										
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE						6.// 24 Laur	1	
OIL WELL (Test must be after re	covery of tol	tal volume o	of load o	il and must	be equal to o	r exceed top allo fethod (Flow, pu	mable for thu	(c.)	or jui 24 nou	3.)	
Date First New Oil Run To Tank	Date of Test	1			Producing iv	ieulou (i iom, pa	νη υ, 8= 0 1911 ο	,			
	Tubing Pressure				Casing Press	anne		Choke Size	Choke Size		
Length of Test	Tuoing Freedic							C. NCC			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
								<u> </u>			
GAS WELL								Gravity of C	ondencale		
Actual Prod. Test - MCF/D Length of Test					Bbls. Coade	nsate/MMCF		Glavity of C	l constant		
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)								_			
W OPERATOR CERTIFIC	ATE OF	COMP	IIAN	CE.		011 001	1050			. K.I	
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation					'	OIL CON	ISEKVA		7101010	'I N	
Division have been complied with and that the information given above											
is true and complete to the best of my knowledge and belief					Date Approve UN 11 1993						
Chair A. Dulla					Orig. Signed by						
Signalus -					By Paul Kautz Geologist						
Signature Randy Bruno	<u> </u>	reside									
Printed Name May 17, 1993	a	15/685	Tide -0113	3	Title						
1105 179 1000			hone No								

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.