Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM \$8240

## JUNE OF IVEM INCHES 1 gy, Minerals and Natural Resources Departm

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l.		OTHA	NSP	JH I OIL	ANU NA I	UNAL GA	Well A	PI Na.			
<del>Орглия</del> Earl R. Bruno		30-025-30743-00									
Address							<del></del>				
P. O. Drawer 590, Mid] Resecce(s) for Filing (Check proper box)	and. T	7970	02		Othe	(Please expla	in)				
New Well		Change in	•		_	•					
Recompletion	Oil Curioritas	<b></b> □	Dry Ge Condex								
Change in Operator   Change of operator give name ADCO	Caninghea				0 0 0	1610 ***	11		12		
and address of previous operator ARCO				4	0 Box	<u>lblil, Mic</u>	lland,	TX7970			
IL DESCRIPTION OF WELL AND LEASE Euruce   Well No.   Pool Name, Inc.					line Formation () Kind			of Lease No		ase No.	
Seven Rivers Queen Unit 77			Seve	en Rive	rs-Queen 🕉 .		State,	State, Federal or Fee			
Location		<i>,</i>	T			1650	n -		Fact	Line	
Unit LetterJ	: 1570	0	. Feat Fr	rom The _50	outh Line	and	Fe	et From The .	Last		
Section 34 Township	22 S		Range	36 E	, NA	<b>ГРМ</b> ,	Lea			County	
III. DESIGNATION OF TRAN	SPARTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conde	nsate		Address (Give address to which approved copy of the Julia and a second						
Texas New Mexico Pipeline Co.				Gas [	Address (Give	.0. Box 2528, Hobbs,			orm is to be se	rd)	
Name of Authorized Transporter of Casing Warren Petroleum 4	yas	Sae Corp.			Box 1589, Tulsa, OK			74102			
If well produces oil or liquids, give location of tanks.	Unit	<b>Sec</b> 34	225	36E	ls gas actually Yes	connected?	When	1/7/90	)		
pre nocunce or union.  If this production is commingled with that i	from any oti				<u> </u>	×er: _R6	63/R467	1			
IV. COMPLETION DATA								Thu Book	Same Res'y	Diff Res'v	
Designate Type of Completion	- (X)	Oil Wel	3   !	Gas Well	New Well	Workover	Deepea	l Link Brex	Sine Kes v		
Date 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			
Elevations (DF, RRB, RI, OR, W.)	•				<u> </u>				Depth Casing Shot		
Perforations								Depth Cash	<b>ag</b>		
		TUBING	, CAS	NG AND	CEMENTI	NG RECOR	D	· · · · · · · · · · · · · · · · · · ·	SACKS CEM		
HOLE SIZE		ISING & T			DEPTH SET			SA		ENI	
	<del> </del>				-						
V. TEST DATA AND REQUE	ST FOR	ATTOW	ARLE		<u> </u>			1		<del></del>	
OIL WELL (Test must be after t	recovery of t	iotal volum	e of load	oil and mus	t be equal to or	exceed top all	owable for th	is depth or be	for full 24 hou	F3.)	
Date First New Oil Run To Tank	Date of T				Producing M	ethod (Flow, p	ump, gas lift,	etc.)			
Length of Test	of Test Tubing Pressure				Casing Pressure			Choke Size			
					Water - Bbls			Gas- MCF			
Actual Prod. During Test	Oil - Bbi	L						<u> </u>			
GAS WELL	<u> </u>								F-1	_,	
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MIMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
								1			
VI. OPERATOR CERTIFIC	CATE O	F COM	IPLIA	NCE		OIL CO	NSERV	'ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						SEP 0 3 '92					
is true and complete to the best of my	risorvedge	and belief.	11	1	Date	e Approve	∌d			<u> </u>	
Met A.	Mu	Mu	[]			OBIOINIA	CIPAIRS	IV IERRY 4	EVTAN		
Signature Plant II Marchall IP					∥ By-	By ORIGINAL SIGNED BY JERRY SEXTON  DISTRICT I SUPERVISOR					
NODET H. //c	<u> </u>		Title		Title						
08/27/92	_ (9,	15) 6 <u>0</u>	5-0	1/3		·					
Date /	•	- T	erebuoge	Later	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.