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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Bronco Oil Corporation	
Address P. O. Box 5114, Midland, Texas	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner	

Lease Name E.C. Hill "B"	Well No. 1	Pool Name, including Formation Undesignated	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter K ; 1980 Feet From The West Line and 1980 Feet From The South				
Line of Section 27 Township 23-S Range 37-E , NMPM, Lea County				

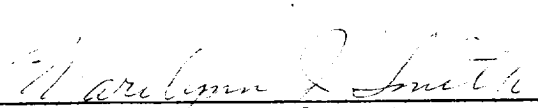
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
The Permian Corporation		Box 3119, Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas		Box 1492, El Paso, Texas		
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 27	Twp. 23-S	Range 37-E
				Is gas actually connected? No
				When

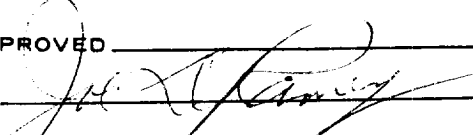
If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
					X				X
Date Spudded OWWO	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3292' GL	Name of Producing Formation McKee		Top Oil/Gas Pay 9200'			Tubing Depth 9290'			
Perforations 9213'-9363', McKee; 6112'-6188', Tubb						Depth Casing Shoe 9771'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			
	13-3/8"			278'		300 SX			
	9-5/8"			2884'		1300 SX			
	7"			9771'		1175 SX			
	2-3/8"			9290'					

V. TEST DATA AND REQUEST FOR ALLOWABLE 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 full 24 hours)			
Date First New Oil Run To Tanks 12-6-67	Date of Test 2-8-68	Producing Method (Flow, pump, gas lift, etc.) Pmpg.	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 85 Bbls.	Oil-Bbls. 25	Water-Bbls. 60	Gas-MCF 10.5

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
	
Production Clerk	
(Title)	
18 Feb 68	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED _____, 19 _____	
BY 	
TITLE _____	
This form is to be filed in compliance with RULE 1104.	
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for allowable on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.	