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FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
	-		

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL G	2 A C				
	LAND OFFICE	AOTHORIZATION TO TRA	TER 28 L DM 10	7A3				
	OIL	1	APR 20 31 PM '6	/				
	TRANSPORTER	1	•	•				
	GAS							
	OPERATOR	1						
I.	PRORATION OFFICE							
	Operator		_					
	Bronce OIL Corp	Bronce Oil Corporation						
	Address							
	2101 WEST TEXAS	Bex 5114						
	Reason(s) for filing (Check proper box,		Other (Please explain)					
	New Well	Change in Transporter of:		1000				
		· · ·	1 1 1	IN 1000 BARRELS OF				
	Recompletion	Oil Dry Ga	MANAGEMENT MAILE	COMPLETING AND TESTING				
	Change in Ownership	Casinghead Gas Conden	isate					
	If change of ownership give name							
	and address of previous owner							
II.	DESCRIPTION OF WELL AND	LEASE						
	Lease Name	Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.				
	E. C. HILL	2 WILDCAT (BLI	State, Federal	or Fee				
	Location	- " "IFBCA! (DL)	ALDRI /					
		000	400					
	Unit Letter;	980 Feet From The EAST Lin	e and 1980 Feet From 7	The South				
	Line of Section 27 Tow	vnship 23-S Range 37	, NMPM,	County				
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S					
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approx	ed copy of this form is to be sent)				
	SHELL PIPELINE COMPA	uv .	WILCO BLOG. MIN.	AND				
	Name of Authorized Transporter of Cas		Address (Give address to which approx	ped copy of this form is to be sent)				
	Name of Admortant Franchistor of Can	,	1					
			1					
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n.				
	give location of tanks.							
	If this production is commissed wit	th that from any other lease or pool,	give commingling order number:					
	COMPLETION DATA	if that from any other rease or poor,	give comminging order named					
• • •		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.				
	Designate Type of Completion	n - (X)						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	opuddou							
	D1	1	T- 04/0-5	Tubles Death				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	Perforations			Depth Casing Shoe				
		TUBING, CASING, AND	CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
	HOLE SIZE	CHOING & TODING SIZE	32.11.221					
		<u> </u>		 				
			1	<u> </u>				
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow				
• •	OIL WELL	able for this de	pth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Edition 1991		-					
		OV. Phis	Water - Bbls.	Gas-MCF				
	Actual Prod. During Test	Oil-Bbls.	mater - Date.	- ITIO				
				<u> </u>				
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate				
	, 5		·					
	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.

Max Co Curry
Sxec - (Signature)
4 (18-67)
(Date)

OIL CONSERVATION COMMISSION

APPROVE 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.